| Debtor 1            | Dean A. Flansbu | rg          |           |                                      |
|---------------------|-----------------|-------------|-----------|--------------------------------------|
|                     | First Name      | Middle Name | Last Name |                                      |
| Debtor 2            |                 |             |           |                                      |
| (Spouse if, filing) | First Name      | Middle Name | Last Name |                                      |
| Case number         | 23-30748        |             |           |                                      |
| (if known)          |                 |             |           | ☐ Check if this is an amended filing |

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |  | Your a       | ssets<br>of what you own |
|-----|--|--------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 180,000.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 98,400.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 278,400.00               |
| Par | t 2: Summarize Your Liabilities  |              |                          |
|     |  |              | abilities<br>It you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 142,580.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 96,796.00                |
|     | Your total liabilities   | \$           | 239,376.00               |
| Par | t 3: Summarize Your Income and Expenses  |              |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 7,522.67                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 5,890.00                 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other scl | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |              |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a nerconal   | family or                |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

11,280.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|   | <b>Total claim</b> |      |
|---|--------------------|------|
| From Part 4 on Schedule E/F, copy the following:  |                    |      |
| 9a. Domestic support obligations (Copy line 6a.)  | \$                 | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$                 | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$                 | 0.00 |
| 9d. Student loans. (Copy line 6f.)  | \$                 | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as<br>priority claims. (Copy line 6g.) | \$                 | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +\$                | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.  | \$                 | 0.00 |

|   | Dean A. Flan                                      | sbura                                     |                       |  |   |  |   |
|---|---|---|-----------------------|--|---|--|---|
|   | First Name  |   | e Name                | Last Name  |   |  |   |
| Debtor 2<br>Spouse, if filing)                              | First Name  | Middle                                    | e Name                | Last Name  |   |  |   |
| Jnited States Ba  | ankruptcy Court for t                             | the: NORTHER                              | N DISTE               | RICT OF OHIO   |   |  |   |
| Case number   | 23-30748  |   |                       |  |   |  | ☐ Check if this is an amended filing  |
| Official Ec   | orm 106A/B  |   |                       |  |   |  |   |
|   | le A/B: Pr  |   |                       |  |   |  | 12/15   |
| nink it fits best. E<br>formation. If mo<br>nswer every que | Be as complete and a re space is needed, a stion. | ccurate as possibl<br>ttach a separate sh | le. If two heet to th | only once. If an asset fits in more than on married people are filing together, both arnis form. On the top of any additional page   | e equally respo   | nsible for su  | upplying correct  |
|   | ·   |   |                       | Estate You Own or Have an Interest In ence, building, land, or similar property?   |   |  |   |
| □ No. Go to Pa  | , , ,   | iliable iliterest ili a                   | illy reside           | ence, building, land, or similar property?   |   |  |   |
| _   | is the property?                                  |   |                       |  |   |  |   |
| Tes. Where  | is the property?                                  |   |                       |  |   |  |   |
|   |   |   |                       |  |   |  |   |
|   |   |   |                       |  |   |  |   |
|   | nhaven Drive                                      |   | What                  | is the property? Check all that apply  |   |  |   |
| 5315 Lyn  | nhaven Drive<br>s, if available, or other desc    | ription                                   | What<br>■<br>□        | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative  | the amount  | of any secure  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ms Secured by Property.                    |
| 5315 Lyn Street address  Sylvania                           | s, if available, or other desc                    | 43560-0000                                |                       | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land   | the amount Creditors W  Current val entire prop                               | of any secure tho Have Clain ue of the erty?   | current value of the portion you own?   |
| 5315 Lyn Street address                                     | s, if available, or other desc                    |   |                       | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare  | the amount Creditors W  Current val entire prop                               | of any secure the Have Claim ue of the erty? 0,000.00  | current value of the portion you own?   |
| 5315 Lyn Street address  Sylvania                           | s, if available, or other desc                    | 43560-0000                                |                       | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one   | the amount Creditors W  Current val entire prop \$18  Describe th (such as fe | of any secure the Have Clain ue of the erty?  0,000.00  ne nature of ye is simple, ten e), if known. | Current value of the portion you own? \$180,000.00  |
| 5315 Lyn Street address  Sylvania                           | s, if available, or other desc                    | 43560-0000                                |                       | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  | Current val entire prop \$18  Describe th (such as fe a life estate           | of any secure the Have Clain ue of the erty?  0,000.00  ne nature of ye is simple, ten e), if known. | Current value of the portion you own? \$180,000.00  |
| Street address  Sylvania  City                              | s, if available, or other desc                    | 43560-0000                                | Who h                 | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Current val entire prop \$18  Describe th (such as fe a life estate Fee simp  | of any secure tho Have Clais ue of the erty? 0,000.00 ue nature of y e simple, ten e), if known. ble | Current value of the portion you own? \$180,000.00  |
| Sylvania City  Lucas  | s, if available, or other desc                    | 43560-0000                                |                       | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only   | Current val entire prop \$18  Describe th (such as fe a life estate Fee simp  | of any secure tho Have Clair ue of the erty? 0,000.00 ne nature of y e simple, ten e), if known. he  | Current value of the portion you own? \$180,000.00  your ownership interest lancy by the entireties, of |
| Sylvania City  Lucas  | s, if available, or other desc                    | 43560-0000                                |                       | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this ite | Current val entire prop \$18  Describe th (such as fe a life estate Fee simp  | of any secure tho Have Clair ue of the erty? 0,000.00 ne nature of y e simple, ten e), if known. he  | Current value of the portion you own? \$180,000.00  your ownership interest lancy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

|                |  | an A. Flansburg      |                    |  |                                       |   |
|----------------|--|----------------------|--------------------|--|---------------------------------------|---|
| . Ca           | rs, vans, t                                      | rucks, tractors, spo | ort utility ve     | hicles, motorcycles  |                                       |   |
|                | No.  |                      |                    |  |                                       |   |
|                |  |                      |                    |  |                                       |   |
|                | Yes  |                      |                    |  |                                       |   |
| 3.1            | Make:  | Honda                |                    | Who has an interest in the property? Check one                             | Do not deduct secured                 | d claims or exemptions. Put   |
| 3.1            | Model:   | Pilot                |                    | Debtor 1 only  |                                       | ured claims on Schedule D:<br>Claims Secured by Property.                         |
|                |  | 2011                 |                    | Debtor 2 only  |                                       |   |
|                |  | ate mileage:         | 120k               | Debtor 1 and Debtor 2 only   | Current value of the entire property? | Current value of the portion you own?   |
|                | Other infor                                      | rmation:             |                    | ☐ At least one of the debtors and another                                  |                                       |   |
|                |  |                      |                    | ☐ Check if this is community property (see instructions)                   | \$7,500.00                            | \$7,500.00  |
|                |  |                      |                    | ,  |                                       |   |
| 3.2            | Make:  | Honda                |                    | Who has an interest in the property? Check one                             |                                       | d claims or exemptions. Put ured claims on Schedule D:                            |
|                | Model:   | Civic                |                    | ■ Debtor 1 only  |                                       | Claims Secured by Property.   |
|                | Year:  | 2010                 |                    | Debtor 2 only  | Current value of the                  | Current value of the  |
|                | Approxima  | te mileage:          | 120k               | Debtor 1 and Debtor 2 only   | entire property?                      | portion you own?  |
|                | Other infor                                      |                      |                    | At least one of the debtors and another                                    |                                       |   |
|                | son's ca   | ar                   |                    | ☐ Check if this is community property (see instructions)                   | \$5,000.00                            | \$5,000.00  |
|                |  |                      |                    | n for all of your entries from Part 2, including                           |                                       | \$12,500.00   |
| •              | _  |                      |                    |  |                                       |   |
|                |  | Your Personal and    |                    |  |                                       |   |
|                |  |                      |                    | terest in any of the following items?                                      |                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                | <i>amples:</i> M<br>No                           |                      |                    | , china, kitchenware   |                                       |   |
| -              | Yes. Desc  | cribe                |                    |  |                                       |   |
|                |  | Misc.                | furniture a        | and appliances   |                                       |   |
|                |  |                      |                    |  |                                       | \$3,000.00  |
|                |  |                      |                    |  |                                       | \$3,000.00  |
| E.             | in   |                      |                    | eo, stereo, and digital equipment; computers, prir<br>nedia players, games | nters, scanners; music colle          |   |
|                | <i>camples:</i> Te<br>in<br>No                   | cluding cell phones, |                    |  | nters, scanners; music colle          |   |
|                | <i>amples:</i> Te<br>in                          | cluding cell phones, |                    |  | iters, scanners; music colle          |   |
|                | <i>camples:</i> Te<br>in<br>No                   | cluding cell phones, | , cameras, m       |  | nters, scanners; music colle          | ctions; electronic devices  |
|                | <i>camples:</i> Te<br>in<br>No                   | cribe                | , cameras, m       |  | nters, scanners; music colle          |   |
| E. □           | camples: To in No Yes. Describles of             | cribe  TV, pl        | , cameras, m       | nedia players, games   |                                       | ctions; electronic devices  |
| E. □ □ ■ 3. Co | kamples: To in No Yes. Describles of kamples: Al | cribe  TV, pl        | hone s; paintings, | prints, or other artwork; books, pictures, or other                        |                                       | ctions; electronic devices  |

page 2

Schedule A/B: Property

Official Form 106A/B

| Debtor 1                           | Dean A. Flansburg  | Case number (if known)                          | 23-30748  |
|------------------------------------|--|---|---|
| ☐ Yes.                             | Describe   |   |   |
|                                    | ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bic musical instruments   | cycles, pool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools;  |
|                                    | Describe   |   |   |
| ■ No                               | oles: Pistols, rifles, shotguns, ammunition, and related equipment   |   |   |
|                                    | Describe   |   |   |
| 11. Clothe  Exam <sub>i</sub> □ No | <b>s</b><br>oles: Everyday clothes, furs, leather coats, designer wear, shoes, a   | ccessories                                      |   |
| Yes.                               | Describe   |   |   |
|                                    | Misc. clothing   |   | \$500.00  |
| ■ No □ Yes.                        | y  bles: Everyday jewelry, costume jewelry, engagement rings, weddin  Describe  Irm animals  bles: Dogs, cats, birds, horses                               | ig rings, heirloom jewelry, watches, gems, g    | gold, silver  |
| ■ No                               | Describe   |   |   |
| 14. <b>Any ot</b> ■ No             | her personal and household items you did not already list, incl  | luding any health aids you did not list         |   |
| ☐ Yes.                             | Give specific information  |   |   |
|                                    | the dollar value of all of your entries from Part 3, including any art 3. Write that number here   |   | \$4,500.00  |
| Part 4: De                         | scribe Your Financial Assets   |   |   |
| Do you ov                          | vn or have any legal or equitable interest in any of the following   | g?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                               | oles: Money you have in your wallet, in your home, in a safe deposi  |   | on  |
| Exam                               | its of money  oles: Checking, savings, or other financial accounts; certificates of countitions. If you have multiple accounts with the same institutions. |   | nouses, and other similar   |
| □ No<br>■ Yes.                     | Institution nar  | ne:   |   |
| - 100.                             |  |   |   |
|                                    | 17.1 checking/savings Chase Ban  | K .   | \$400 00  |

Official Form 106A/B Schedule A/B: Property page 3

| D  | ebtor 1       | Dean A. Fla                 | nsburg   |  | Case number (if known)              | 23-30748   |
|----|---------------|-----------------------------|--|--|-------------------------------------|--|
| 18 | Examp         |                             | , or publicly traded stocks<br>s, investment accounts with b | orokerage firms, money market ac   | counts                              |  |
|    | ■ No<br>□ Yes |                             | Institution or issue   | er name:   |                                     |  |
| 19 |               | ublicly traded s<br>venture | stock and interests in incor                                 | porated and unincorporated bu  | sinesses, including an interest     | in an LLC, partnership, and                                  |
|    | ■ No          |                             |  |  |                                     |  |
|    | ☐ Yes.        | Give specific in            | formation about them<br>Name of entity:                      |  | % of ownership:                     |  |
| 20 | Negoti        | iable instrument            | s include personal checks, ca                                | gotiable and non-negotiable instable as ashiers' checks, promissory notes ransfer to someone by signing or | , and money orders.                 |  |
|    |               | Give specific inf           | formation about them Issuer name:                            |  |                                     |  |
| 21 | Examp<br>□ No |                             | IRA, ERISA, Keogh, 401(k),                                   | 403(b), thrift savings accounts, or  | r other pension or profit-sharing p | lans   |
|    | Yes.          | List each accou             | int separately.  Type of account:                            | Institution name:  |                                     |  |
|    |               |                             | 401k   | UPS  |                                     | \$81,000.00  |
|    | ■ No          |                             | s with landiords, prepaid fem                                | t, public utilities (electric, gas, water<br>Institution name or individ                                   |                                     | es, or others  |
| 23 | . Annuit      | ties (A contract t          | for a periodic payment of mo                                 | ney to you, either for life or for a n   | umber of years)                     |  |
|    | ■ No<br>□ Yes | !:                          | ssuer name and description.                                  |  |                                     |  |
| 24 |               |                             | ion IRA, in an account in a 529A(b), and 529(b)(1).          | qualified ABLE program, or und   | der a qualified state tuition prog  | gram.  |
|    | ☐ Yes         | lı                          | nstitution name and description                              | on. Separately file the records of a   | any interests.11 U.S.C. § 521(c):   |  |
| 25 | ■ No          | •                           |  | other than anything listed in lin  | e 1), and rights or powers exer     | cisable for your benefit                                     |
| 00 |               |                             | formation about them   | and other intellectual preparty  |                                     |  |
| 26 | Examp  ■ No   | ples: Internet do           | main names, websites, proce                                  | and other intellectual property<br>eeds from royalties and licensing a                                     | igreements                          |  |
|    |               |                             | formation about them   |  |                                     |  |
| 27 |               |                             | and other general intangibermits, exclusive licenses, coo    | oles operative association holdings, liq   | uor licenses, professional license  | s  |
|    | ☐ Yes.        | Give specific in            | formation about them   |  |                                     |  |
| M  | oney or       | property owed               | to you?  |  |                                     | Current value of the portion you own?  Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

| De  | ebtor 1                  | Dean A. Flansburg  |   | Case number (if known)            | 23-30748                   |
|-----|--------------------------|--|---|-----------------------------------|----------------------------|
|     |                          | unds owed to you   |   |                                   |                            |
|     | ■ No<br>□ Yes.           | Give specific information about them, i  | ncluding whether you already filed the retu                                   | urns and the tax years            |                            |
|     | Examp<br>■ No            | support  les: Past due or lump sum alimony, sp  Give specific information  | ousal support, child support, maintenance                                     | e, divorce settlement, property   | settlement                 |
|     |                          | ·  |   |                                   |                            |
|     |                          | amounts someone owes you<br>bles: Unpaid wages, disability insurance<br>benefits; unpaid loans you made                  | e payments, disability benefits, sick pay, va<br>o someone else               | acation pay, workers' compen      | sation, Social Security    |
|     | _                        | Give specific information  |   |                                   |                            |
|     | Examp<br>■ No            | •  | health savings account (HSA); credit, hor                                     | meowner's, or renter's insuran    | ce                         |
|     | ⊔ Yes.                   | Name the insurance company of each<br>Company name   | •   | neficiary:                        | Surrender or refund value: |
|     | If you a someo           | erest in property that is due you fro are the beneficiary of a living trust, exp ne has died.  Give specific information | m someone who has died ect proceeds from a life insurance policy, o           | or are currently entitled to rece | ive property because       |
|     | Examp<br>■ No            | against third parties, whether or no ples: Accidents, employment disputes,  Describe each claim                          | t you have filed a lawsuit or made a der<br>nsurance claims, or rights to sue | mand for payment                  |                            |
|     | Other o                  | contingent and unliquidated claims   | of every nature, including counterclaims                                      | s of the debtor and rights to     | set off claims             |
|     | ☐ Yes.                   | Describe each claim  |   |                                   |                            |
|     | ■ No                     | ancial assets you did not already lis  Give specific information   | t   |                                   |                            |
| 36  |                          |  | from Part 4, including any entries for pa                                     |                                   | \$81,400.00                |
| Pa  | rt 5: Des                | scribe Any Business-Related Property Yo  | u Own or Have an Interest In. List any real es                                | state in Part 1.                  |                            |
|     | <b>Do you o</b> ■ No. Go | own or have any legal or equitable interest<br>to Part 6.  | t in any business-related property?   |                                   |                            |
|     | ☐ Yes. G                 | to to line 38.   |   |                                   |                            |
|     |                          |  |   |                                   |                            |
| Ра  |                          | scribe Any Farm- and Commercial Fishin<br>ou own or have an interest in farmland, list i                                 | g-Related Property You Own or Have an Inter<br>in Part 1.                     | rest In.                          |                            |
| 46. |                          | own or have any legal or equitable Go to Part 7.   | interest in any farm- or commercial fish                                      | ning-related property?            |                            |
|     | ☐ Yes.                   | Go to line 47.   |   |                                   |                            |
| Pa  | rt 7:                    | Describe All Property You Own or Have  | an Interest in That You Did Not List Above                                    |                                   |                            |

page 5

Schedule A/B: Property

Official Form 106A/B

| •    | Do you have other property of any kind you did not already list<br>Examples: Season tickets, country club membership  No Yes. Give specific information | ?              |                          |      |              |
|------|---|----------------|--------------------------|------|--------------|
| 54.  | Add the dollar value of all of your entries from Part 7. Write th   | at number here |                          |      | \$0.00       |
| Part | 8: List the Totals of Each Part of this Form  |                |                          |      |              |
| 55.  | Part 1: Total real estate, line 2   |                |                          |      | \$180,000.00 |
| 56.  | Part 2: Total vehicles, line 5  | \$12,500.00    |                          |      |              |
| 57.  | Part 3: Total personal and household items, line 15   | \$4,500.00     |                          |      |              |
| 58.  | Part 4: Total financial assets, line 36   | \$81,400.00    |                          |      |              |
| 59.  | Part 5: Total business-related property, line 45  | \$0.00         |                          |      |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52   | \$0.00         |                          |      |              |
| 61.  | Part 7: Total other property not listed, line 54 +  | \$0.00         |                          |      |              |
| 62.  | Total personal property. Add lines 56 through 61  | \$98,400.00    | Copy personal property t | otal | \$98,400.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62  |                |                          |      | \$278,400.00 |

Debtor 1

Dean A. Flansburg

Case number (if known) 23-30748

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this inform                     |                  |                   |           |                                      |
|---|------------------|-------------------|-----------|--------------------------------------|
| Debtor 1                                | Dean A. Flansbur | g                 |           |                                      |
|   | First Name       | Middle Name       | Last Name |                                      |
| Debtor 2                                |                  |                   |           |                                      |
| (Spouse if, filing)                     | First Name       | Middle Name       | Last Name |                                      |
| United States Bankruptcy Court for the: |                  | NORTHERN DISTRICT | OF OHIO   |                                      |
| Case number 2                           | 23-30748         |                   |           |                                      |
| (if known)                              |                  |                   |           | ☐ Check if this is an amended filing |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property |                                     |     | Specific laws that allow exemption                              |  |  |
|---|-------------------------------------|-----|---|--|--|
|   | Copy the value from<br>Schedule A/B | Che | eck only one box for each exemption.                            |  |  |
| 5315 Lynnhaven Drive Sylvania, OH 43560 Lucas County                                | \$180,000.00                        |     | \$40,000.00   | Ohio Rev. Code Ann. §<br>2329.66(A)(1)   |  |
| Line from Schedule A/B: 1.1   |                                     |     | 100% of fair market value, up to any applicable statutory limit | 2020100(1.9)(1.9)  |  |
| 2011 Honda Pilot 120k miles Line from Schedule A/B: 3.1                             | \$7,500.00                          |     | \$3,500.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(2)   |  |
| Ellio II oli i oli oli oli i oli i  |                                     |     | 100% of fair market value, up to any applicable statutory limit | 2020100(/-)(2)   |  |
| 2010 Honda Civic 120k miles<br>son's car  | \$5,000.00                          |     | \$1,475.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(18)  |  |
| Line from Schedule A/B: 3.2   |                                     |     | 100% of fair market value, up to any applicable statutory limit | , , ,  |  |
| Misc. furniture and appliances Line from Schedule A/B: 6.1                          | \$3,000.00                          |     | \$3,000.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)  |  |
|   |                                     |     | 100% of fair market value, up to any applicable statutory limit | The second secon |  |
| TV, phone Line from Schedule A/B: 7.1   | \$1,000.00                          |     | \$1,000.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)  |  |
| Ello II olii Soriodalo 74 B. 111  |                                     |     | 100% of fair market value, up to any applicable statutory limit |  |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| De | Dean A. Flansburg  |                                      |                                   | Case number (ii known)  | 23-30/40                                   |  |
|----|--|--------------------------------------|-----------------------------------|---|--|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption         |  |
|    |  | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |  |  |
|    | Misc. clothing Line from Schedule A/B: 11.1  |                                      |                                   | \$500.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)  |  |
|    | Line Iron Schedule Add. 11.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(4)(a)                           |  |
|    | checking/savings: Chase Bank Line from Schedule A/B: 17.1                              | \$400.00                             |                                   | \$400.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(3)     |  |
|    | Line IIIIII Schedule Arb. 11.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 2020100(1.1/0)                             |  |
|    | 401k: UPS Line from Schedule A/B: 21.1   | \$01,000.00                          |                                   | \$81,000.00   | Ohio Rev. Code Ann. §<br>2329.66(A)(10)(b) |  |
|    | Line IIOIII Scriedule PAB. 21.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 2329.00(A)(10)(b)                          |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every     |                                      |                                   | led on or after the date of adjustmen                           | ıt.)                                       |  |
|    | Yes. Did you acquire the property cover  | ed by the exemption wi               | thin 1                            | ,215 days before you filed this case?                           | ?  |  |
|    | □ No   |                                      |                                   |   |  |  |

| Fill in this information to identif   | fy your case:                            |                               |   |  |                   |
|---|--|-------------------------------|---|--|-------------------|
| Debtor 1 Dean A. Fla  | ansburg                                  |                               |   |  |                   |
| First Name  | Middle Name                              | Last Name                     |   | -  |                   |
| Debtor 2 (Spouse if, filing) First Name   | Middle Name                              | Last Name                     |   | -  |                   |
| United States Bankruptcy Court for  | or the: NORTHERN DISTR                   | ICT OF OHIO                   |   | _  |                   |
| Case number <b>23-30748</b>   |  |                               |   |  |                   |
| Case number 23-30748  |  |                               |   | ☐ Check                                      | if this is an     |
|   |  |                               |   |  | led filing        |
|   |  |                               |   |  | .oug              |
| Official Form 106D  |  |                               |   |  |                   |
| Schedule D: Credit  | ors Who Have Cl                          | aims Secure                   | d by Propert                              | V  | 12/15             |
| Scriedale D. Credit   | .013 WHO Have CI                         | airis secure                  | ta by Fropert                             | <u>y                                    </u> | 12/13             |
| Be as complete and accurate as pos<br>is needed, copy the Additional Page<br>number (if known). |  |                               |   |  |                   |
| ` ,   | ured by your property?                   |                               |   |  |                   |
| 1. Do any creditors have claims secu  |  |                               |   |  |                   |
| ☐ No. Check this box and su   | bmit this form to the court with         | your other schedules.         | You have nothing else t                   | to report on this form.                      |                   |
| Yes. Fill in all of the inform  | nation below.                            |                               |   |  |                   |
| Part 1: List All Secured Clair  | ns                                       |                               |   |  |                   |
| 2. List all secured claims. If a creditor   | or has more than one secured claim       | n. list the creditor separate | Column A                                  | Column B                                     | Column C          |
| for each claim. If more than one credi  | itor has a particular claim, list the of | ther creditors in Part 2. As  | Amount of claim                           | Value of collateral                          | Unsecured         |
| much as possible, list the claims in alp  | phabetical order according to the cr     | editor's name.                | Do not deduct the<br>value of collateral. | that supports this claim                     | portion<br>If any |
| 2.1 Civista Bank  | Describe the property th                 | at secures the claim:         | \$4,000.00                                | \$6,500.00                                   | \$0.00            |
| Creditor's Name   | 2011 Honda Pilot                         |                               |   |  |                   |
|   |  |                               |   |  |                   |
|   | As of the date you file, the             | ne claim is: Check all that   |   |  |                   |
| 410 Cleveland Rd. East  | apply.                                   | TO STORY OF STREET            |   |  |                   |
| Huron, OH 44839   | Contingent                               |                               |   |  |                   |
| Number, Street, City, State & Zip Coo   |  |                               |   |  |                   |
| Who owes the debt? Check one.   | Disputed                                 | that are he                   |   |  |                   |
| _   | Nature of lien. Check all                |                               |   |  |                   |
| Debtor 1 only   | ☐ An agreement you mad car loan)         | te (such as mortgage or s     | ecurea                                    |  |                   |
| Debtor 2 only   |  |                               |   |  |                   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as                |                               |   |  |                   |
| At least one of the debtors and and   |  |                               |   |  |                   |
| Check if this claim relates to a community debt   | Other (including a right                 | t to offset) car loan         |   |  |                   |
| Sec. 144  | Land A. Parker of an                     |                               |   |  |                   |
| Date debt was incurred  | Last 4 digits of ac                      | count number                  |   |  |                   |
| 2.2 Rocket Mortgage   | Describe the property th                 | at secures the claim:         | \$138,580.00                              | \$180,000.00                                 | \$0.00            |
| Creditor's Name   | 5315 Lynnhaven Dr                        |                               |   |  |                   |
|   | Sylvania, OH 43560                       | )                             |   |  |                   |
|   | As of the date you file, the             | ne claim is: Check all that   |   |  |                   |
| 1050 Woodward Ave.  | apply.                                   | ic ciaim is. Oneck an that    |   |  |                   |
| Detroit, MI 48226   | Contingent                               |                               |   |  |                   |
| Number, Street, City, State & Zip Coo   |  |                               |   |  |                   |
| Who awas the debt? Obselver   | Disputed                                 | 46-4                          |   |  |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all                |                               |   |  |                   |
| Debtor 1 only   | An agreement you mad car loan)           | se (such as mortgage or s     | ecured                                    |  |                   |
| Debtor 2 only   | •  |                               |   |  |                   |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as                  |                               |   |  |                   |
| At least one of the debtors and and   | ,  |                               |   |  |                   |
| ☐ Check if this claim relates to a community debt   | Other (including a right                 | t to offset) mortgage         | •   |  |                   |
| Date debt was incurred  | Last 4 digits of ac                      | count number                  |   |  |                   |

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Dean A. Flansburg Case number (if known) 23-30748

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here: \$142,580.00
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$142,580.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| Fil                 | l in this infor                                  | rmation to identify your o                    | ase:   |  |                           |
|---------------------|--|---|--|--|---------------------------|
| De                  | btor 1   | Dean A. Flansburg                             | <b>1</b>   |  |                           |
|                     |  | First Name                                    | Middle Name                                      | Last Name  |                           |
|                     | btor 2<br>ouse if, filing)                       | First Name                                    | Middle Name                                      | Last Name  |                           |
| Un                  | ited States B                                    | ankruptcy Court for the:                      | NORTHERN DIST                                    | RICT OF OHIO   |                           |
| Ca                  | se number  | 23-30748                                      |  |  |                           |
| (if k               | nown)  |   |  |  | Check if this is an       |
|                     |  |   |  | a  | mended filing             |
| ∩f                  | ficial For                                       | m 106E/F                                      |  |  |                           |
|                     |  | E/F: Creditors W                              | ho Have Uns                                      | secured Claims   | 12/15                     |
|                     |  |   |  | with PRIORITY claims and Part 2 for creditors with NONPRIORITY clai  |                           |
| Sch<br>left.<br>nam | edule D: Cred<br>Attach the Co<br>ne and case nu | itors Who Have Claims Secu                    | red by Property. If m<br>e. If you have no infor | Form 106G). Do not include any creditors with partially secured claims ore space is needed, copy the Part you need, fill it out, number the en rmation to report in a Part, do not file that Part. On the top of any addit                   | tries in the boxes on the |
| 1.                  | Do any credi                                     | tors have priority unsecured                  | l claims against you?                            |  |                           |
|                     | No. Go to  | Part 2.                                       |  |  |                           |
|                     | ☐ Yes.   |   |  |  |                           |
|                     |  |   |  |  |                           |
| Pa                  | rt 2: List /                                     | All of Your NONPRIORIT                        | Y Unsecured Claim                                | ns   |                           |
| 3.                  | Do any credi                                     | tors have nonpriority unsec                   | ured claims against y                            | ou?  |                           |
|                     | ☐ No. You h                                      | ave nothing to report in this pa              | art. Submit this form to                         | the court with your other schedules.   |                           |
|                     | Yes.   |   |  |  |                           |
| 4.                  | unsecured cla                                    | aim, list the creditor separately             | for each claim. For ea                           | cal order of the creditor who holds each claim. If a creditor has more that ch claim listed, identify what type of claim it is. Do not list claims already inc. Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
|                     |  |   |  |  | Total claim               |
| 4.1                 | BHG F  | inance  | Last 4   | digits of account number   | \$40,000.00               |
|                     | •  | ity Creditor's Name                           | 40 Whon  | was the debt incurred?   |                           |
|                     | -  | Las Olas Blvd. Ste. 11<br>auderdale, FL 33301 | 10 Wileii  | was the debt incurred:   | -                         |
|                     |  | Street City State Zip Code                    | As of  | the date you file, the claim is: Check all that apply  |                           |
|                     | Who inc  | urred the debt? Check one.                    |  |  |                           |
|                     | Debto  | or 1 only                                     | □ co   | ntingent   |                           |
|                     | ☐ Debto  | or 2 only                                     | ☐ Un   | liquidated   |                           |
|                     | ☐ Debto  | or 1 and Debtor 2 only                        | ☐ Dis  | sputed   |                           |
|                     | ☐ At lea   | ast one of the debtors and ano                | ther Type of                                     | of NONPRIORITY unsecured claim:  |                           |
|                     | ☐ Chec   | k if this claim is for a comm                 | nunity 🔲 Stu                                     | ident loans  |                           |
|                     | debt<br>Is the cla                               | aim subject to offset?                        |  | ligations arising out of a separation agreement or divorce that you did not as priority claims   |                           |
|                     | ■ No   |   | ☐ De   | bts to pension or profit-sharing plans, and other similar debts  |                           |
|                     | ☐ Yes  |   | Oth  | ner. Specify loan  |                           |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 4

| Debto | Dean A. Flansburg   | Case number (if known) 23-30748   |                   |
|-------|---|---|-------------------|
| 4.2   | Discover  | Last 4 digits of account number   | \$773.00          |
|       | Nonpriority Creditor's Name P.O. Box 15192 Wilmington, DE 19850-5192                          | When was the debt incurred?   |                   |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                           | As of the date you file, the claim is: Check all that apply   |                   |
|       | ■ Debtor 1 only   | ☐ Contingent  |                   |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated ☐ Disputed   |                   |
|       | ☐ At least one of the debtors and another ☐ Check if this claim is for a community            | Type of NONPRIORITY unsecured claim:  Student loans   |                   |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |                   |
|       | ■ No<br>□ Yes   | <ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>■ Other. Specify credit card</li> </ul>   |                   |
| 4.3   | Lending Club  | Last 4 digits of account number   | \$6,316.00        |
|       | Nonpriority Creditor's Name 71 Stevenson Street, Suite 300                                    | When was the debt incurred?   | <b>\$6,010.00</b> |
|       | San Francisco, CA 94105  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                   |
|       | Debtor 1 only   | ☐ Contingent  |                   |
|       | Debtor 2 only   | ☐ Unliquidated  |                   |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                   |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                   |
|       | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                                 |                   |
|       | No  | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts                                  |                   |
|       | ☐ Yes   | Other. Specify loan   |                   |
| 4.4   | Lending Point LLC   | Last 4 digits of account number   | \$8,300.00        |
|       | Nonpriority Creditor's Name<br>1201 Roberts Blvd Suite 200<br>Kennesaw, GA 30144              | When was the debt incurred?   |                   |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                           | As of the date you file, the claim is: Check all that apply   |                   |
|       | ■ Debtor 1 only   | ☐ Contingent  |                   |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |                   |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                   |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                   |
|       | ☐ Check if this claim is for a community debt   | Student loans   |                   |
|       | Is the claim subject to offset?   | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not<br/>report as priority claims</li> </ul> |                   |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                   |
|       | ☐ Yes   | Other. Specify loan   |                   |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Debto | Dean A. Flansburg   | Case number (if known) 23-30748   |   |
|-------|---|---|---|
| 4.5   | Mercury Card Services Nonpriority Creditor's Name PO Box 84064  | Last 4 digits of account number  When was the debt incurred?  | \$2,819.00                              |
|       | Columbus, GA 31908  Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |   |
|       | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |   |
|       | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card |   |
| 4.6   | Ollo Mastercard   | Last 4 digits of account number   | \$2,983.00                              |
|       | Nonpriority Creditor's Name PO Box 25047 Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one.                               | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|       | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |   |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?            | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans  ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
|       | ■ No □ Yes  | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify credit card   |   |
| 4.7   | Penfed Credit Union Nonpriority Creditor's Name   | Last 4 digits of account number   | \$18,973.00                             |
|       | PO Box 1432 Alexandria, VA 22313 Number Street City State Zip Code Who incurred the debt? Check one.  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  |   |
|       | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |   |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans   |   |
|       | debt Is the claim subject to offset?  ■ No  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |
|       | Yes   | Other. Specify Ioan   |   |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Prosper  | Last 4 digits of account number \$   |
|--|--|
| Nonpriority Creditor's Name<br>221 Main St. Suite 300<br>San Francisco, CA 94105 | When was the debt incurred?  |
| Number Street City State Zip Code Who incurred the debt? Check one.              | As of the date you file, the claim is: Check all that apply  |
| Debtor 1 only  | ☐ Contingent   |
| Debtor 2 only  | ☐ Unliquidated   |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?    | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |
| □ Yes  | Other. Specify loan  |
| List Others to Be Notified About a Deb   | t That You Already Listed  |
|  | oout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collec<br>neone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Simila |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     | <br>            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>96,796.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>96,796.00 |

| Fill in this infor  | mation to identify your  | case:             |           |  |                     |
|---------------------|--------------------------|-------------------|-----------|--|---------------------|
| Debtor 1            |                          |                   |           |  |                     |
|                     | First Name               | Middle Name       | Last Name |  |                     |
| Debtor 2            |                          |                   |           |  |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name |  |                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO   |  |                     |
| _                   | 23-30748                 |                   |           |  |                     |
| (if known)          |                          |                   |           |  | Check if this is an |
|                     |                          |                   |           |  | amended filing      |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the or, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | =                                       |
| 2.2 | •         |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | =                                       |
| 2.3 | •         |              |  | <del></del>       |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
|     | •         |              |  |                   |   |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

| Fill in this                 | information to identify you                                       | r case:  |                             |   |
|------------------------------|---|--|-----------------------------|---|
| Debtor 1                     | Dean A. Flansbu   |  |                             |   |
| Dahtar 0                     | First Name  | Middle Name  | Last Name                   |   |
| Debtor 2<br>(Spouse if, fili | ing) First Name   | Middle Name  | Last Name                   |   |
| United Sta                   | ates Bankruptcy Court for the:                                    | NORTHERN DISTRICT  | OF OHIO                     |   |
| Case num                     | ber <b>23-30748</b>   |  |                             |   |
| (if known)                   |   |  |                             | ☐ Check if this is an amended filing  |
| Officia                      | l Form 106H   |  |                             |   |
|                              | lule H: Your Cod  | lahtare  |                             | 42/45   |
| Scried                       | ule II. Toul Coc  | ienioi s   |                             | 12/15   |
| ill it out, a<br>our name    |   | e boxes on the left. Attaci<br>n). Answer every question | n the Additional Page t<br> | ion. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write as a codebtor.   |
| _                            |   | . you alo iiii.g a joill cacc,                           | ao not mot omnor opouco     | ao a soussion.  |
| ■ No                         |   |  |                             |   |
| ☐ Yes                        | 5   |  |                             |   |
|                              | hin the last 8 years, have yo<br>na, California, Idaho, Louisiana |  |                             | y? (Community property states and territories include ington, and Wisconsin.)   |
| ■ No.                        | . Go to line 3.   |  |                             |   |
| ☐ Yes                        | s. Did your spouse, former spo                                    | ouse, or legal equivalent live                           | e with you at the time?     |   |
|                              |   |  |                             |   |
| in line<br>Form              | e 2 again as a codebtor only                                      | if that person is a guaran                               | tor or cosigner. Make       | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil |
|                              | Column 1: Your codebtor Name, Number, Street, City, State and 2   | ZIP Code   |                             | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
|                              |   |  |                             | enout all consults that apply.  |
| 3.1                          | Name  |  |                             | Schedule D, line  |
|                              | · valle   |  |                             | ☐ Schedule E/F, line ☐ Schedule G. line   |
| -                            | Number Street   |  |                             |   |
|                              | City  | State  | ZIP Code                    |   |
| 2.2                          |   |  |                             | Cabadula D. lina  |
| 3.2                          | Name  |  |                             | □ Schedule D, line<br>□ Schedule E/F, line  |
|                              |   |  |                             | ☐ Schedule G, line  |
| -                            | Number Street   |  |                             | _   |
|                              | City  | State  | ZIP Code                    |   |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill     | in this information to                 | o identify your ca | ase:   |                                   |    |     |                  |                  |   |       |
|----------|--|--------------------|--|-----------------------------------|----|-----|------------------|------------------|---|-------|
| De       | btor 1                                 | Dean A. Flar       | nsburg   |                                   |    |     |                  |                  |   |       |
|          | btor 2<br>buse, if filing)             |                    |  |                                   |    | _   |                  |                  |   |       |
| Un       | ited States Bankrup                    | tcy Court for the  | : NORTHERN DISTRIC                                   | CT OF OHIO                        |    |     |                  |                  |   |       |
|          |  | 30748              |  |                                   |    |     | Check if this is | s:               |   |       |
| (If k    | nown)                                  |                    |  |                                   |    |     | ☐ An amend       | J                |   |       |
|          |  |                    |  |                                   |    |     |                  |                  | wing postpetition<br>ne following date: |       |
| <u>O</u> | fficial Form                           | <u> 1061</u>       |  |                                   |    |     | MM / DD/         | YYYY             |   |       |
|          | chedule I: `                           |                    | ome<br>sible. If two married peo                     |                                   |    |     |                  |                  |   | 12/15 |
| atta     | ch a separate shee                     |                    | r spouse is not filing w<br>On the top of any additi |                                   |    |     |                  |                  |   |       |
| 1.       | Fill in your emploinformation.         | oyment             |  | Debtor 1                          |    |     | Debtor           | 2 or no          | n-filing spouse                         |       |
|          | If you have more                       | •                  | Employment status                                    | ■ Employed                        |    |     | ■ Emp            | loyed            |   |       |
|          | attach a separate information about    |                    | Employment status                                    | □ Not employed                    |    |     | ☐ Not            | employe          | ed                                      |       |
|          | employers.                             |                    | Occupation   | Driver                            |    |     | Clerk            |                  |   |       |
|          | Include part-time,<br>self-employed wo |                    | Employer's name                                      | UPS                               |    |     | GG Ma            | rck an           | d Assoc.                                |       |
|          | Occupation may it or homemaker, if     |                    | Employer's address                                   | 55 Glenlake Pa<br>Atlanta, GA 303 |    | IE  | 5315 L<br>Sylvar | ynnha<br>iia, OH | ven<br>43560                            |       |
|          |  |                    | How long employed t                                  | here? 20 yea                      | rs |     |                  |                  |   |       |
| Pa       | rt 2: Give Det                         | tails About Mon    | thly Income  |                                   |    |     |                  |                  |   |       |
| spo      | use unless you are s                   | separated.         | ate you file this form. If                           | , 3                               |    | ,   | , ,              | •                | •                                       | J     |
| mor      | e space, attach a se                   | eparate sheet to   | this form.   |                                   |    | •   |                  |                  | ·                                       | •     |
|          |  |                    |  |                                   |    |     | For Debtor 1     |                  | Debtor 2 or<br>-filing spouse           |       |
| 2.       |  |                    | ry, and commissions (b<br>calculate what the monthl  |                                   | 2. | \$  | 9,546.33         | \$_              | 3,098.33                                |       |
| 3.       | Estimate and list                      | monthly overti     | ime pay.   |                                   | 3. | +\$ | 0.00             | +\$              | 0.00                                    |       |
| 4.       | Calculate gross                        | Income. Add lin    | ne 2 + line 3.                                       |                                   | 4. | \$  | 9,546.33         | \$               | 3,098.33                                |       |

| Debt | or 1          | Dean A. Flansburg   | -            | Case n | umber (if known) | 23-307 | 48                        |        |
|------|---------------|---|--------------|--------|------------------|--------|---------------------------|--------|
|      |               |   |              | For I  | Debtor 1         |        | ebtor 2 or<br>ling spouse |        |
|      | Copy          | y line 4 here   | 4.           | \$     | 9,546.33         | \$     | 3,098.33                  |        |
| 5.   | List          | all payroll deductions:   |              |        |                  |        |                           |        |
|      | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.          | \$     | 2,422.33         | \$     | 511.33                    |        |
|      | 5b.           | Mandatory contributions for retirement plans  | 5b.          | \$     | 0.00             | \$     | 0.00                      |        |
|      | 5c.           | Voluntary contributions for retirement plans  | 5c.          | \$     | 1,430.00         | \$     | 0.00                      |        |
|      | 5d.           | Required repayments of retirement fund loans  | 5d.          | \$     | 108.33           | \$     | 0.00                      |        |
|      | 5e.           | Insurance   | 5e.          | \$     | 0.00             | \$     | 650.00                    |        |
|      | 5f.           | Domestic support obligations  | 5f.          | \$     | 0.00             | \$     | 0.00                      |        |
|      | 5g.           | Union dues  | 5g.          | \$     | 0.00             |        | 0.00                      |        |
| _    | 5h.           | Other deductions. Specify:  | _ 5h.+       | · —    | 0.00             |        | 0.00                      |        |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.           | \$     | 3,960.66         | \$     | 1,161.33                  |        |
| 7.   | Calc          | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.           | \$     | 5,585.67         | \$     | 1,937.00                  |        |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total           | 0-           | ¢      | 0.00             | ¢      | 0.00                      |        |
|      | O.L.          | monthly net income.   | 8a.          | \$     | 0.00             | \$     | 0.00                      |        |
|      | 8b.           | Interest and dividends  | 8b.          | \$     | 0.00             | \$     | 0.00                      |        |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.          | \$     | 0.00             | \$     | 0.00                      |        |
|      | 8d.           | Unemployment compensation   | 8d.          | \$     | 0.00             | \$     | 0.00                      |        |
|      | 8e.           | Social Security   | 8e.          | \$     | 0.00             | \$     | 0.00                      |        |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.         |              | Ф.     | 0.00             | Ф.     | 0.00                      |        |
|      | 80            | Specify: Pension or retirement income   | _ 8f.<br>8g. | \$     | 0.00             | \$     | 0.00                      |        |
|      | 8g.<br>8h.    | Other monthly income. Specify:  | 8h.+         | · -    | 0.00             | · ·    | 0.00                      |        |
|      | 011.          |   | _            |        | 0.00             | · —    | 0.00                      |        |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.           | \$     | 0.00             | \$     | 0.00                      |        |
| 10.  |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$       | 5      | + \$             | 1,937  | 7.00 = \$ 7,              | 522.67 |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your rifiends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not acify: | depen        |        | •                |        | nedule J.<br>11. +\$      | 0.00   |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |              |        |                  |        | 12. \$ <b>7</b> ,         | 522.67 |

Official Form 106l Schedule I: Your Income page 2

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

monthly income

| Fill | in this informat         | tion to identify yo                                 | our case:        |   |  |              |                                  |  |
|------|--------------------------|---|------------------|---|--|--------------|----------------------------------|--|
| Deb  | tor 1                    | Dean A. Flar  | nsburg           |   |  | Che          | ck if this is: An amended filing |  |
| Deb  | tor 2                    |   |                  |   |  |              | ū                                | wing postpetition chapter                              |
| (Spo | ouse, if filing)         |   |                  |   |  | _            | 13 expenses as of                | the following date:                                    |
| Unit | ed States Bankr          | uptcy Court for the                                 | : NORTH          | ERN DISTRICT OF OH  | 0                                      |              | MM / DD / YYYY                   |  |
|      | e number 23              | 3-30748   |                  |   |  |              |                                  |  |
| Of   | fficial Fo               | rm 106J   |                  |   |  |              |                                  |  |
| So   | chedule                  | J: Your   | <b>Exper</b>     | ises  |  |              |                                  | 12/15  |
| info | rmation. If m            |   | eded, atta       | . If two married people a<br>ch another sheet to this<br>n. |  |              |                                  |  |
| Pari | t 1: Descr               | ibe Your House                                      | ehold            |   |  |              |                                  |  |
| ١.   | No. Go to                |   |                  |   |  |              |                                  |  |
|      |                          |   | in a separ       | ate household?  |  |              |                                  |  |
|      | □ No                     | 0   | ·                |   |  |              |                                  |  |
|      | _                        |   | st file Offici   | al Form 106J-2, Expense                                     | es for Separate House                  | ehold of Deb | otor 2.                          |  |
| 2.   | Do you have              | e dependents?                                       | □ No             |   |  |              |                                  |  |
|      | Do not list De Debtor 2. | •   | Yes.             | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto |              | Dependent's age                  | Does dependent live with you?                          |
|      | Do not state             | the   |                  |   |  |              |                                  | □ No   |
|      | dependents i             | names.  |                  |   | Son                                    |              | 17                               | ■ Yes  |
|      |                          |   |                  |   |  |              |                                  | □ No   |
|      |                          |   |                  |   |  |              |                                  | ☐ Yes  |
|      |                          |   |                  |   |  |              |                                  | □ No<br>□ Yes  |
|      |                          |   |                  |   |  |              |                                  | ☐ Yes  |
|      |                          |   |                  |   |  |              |                                  | ☐ Yes  |
| 3.   | expenses of              | enses include<br>f people other t<br>d your depende | han <sub>—</sub> | No<br>Yes   |  |              |                                  |  |
| Par  | t 2: Estima              | ate Your Ongoi                                      | ng Month         | y Expenses  |  |              |                                  |  |
| exp  |                          |   |                  | uptcy filing date unless<br>y is filed. If this is a sup    |  |              |                                  | apter 13 case to report<br>of the form and fill in the |
|      |                          |   |                  | government assistance                                       |  |              |                                  |  |
|      | ficial Form 10           |   | u nave inc       | ilidea il on <i>Schedule I.</i>                             | Your income                            |              | Your exp                         | enses  |
| 4.   |                          | r home owners<br>d any rent for th                  |                  | ses for your residence.                                     | Include first mortgage                 | e<br>4. :    | \$                               | 1,100.00   |
|      | If not includ            | ed in line 4:                                       |                  |   |  |              |                                  |  |
|      | 4a. Real e               | state taxes   |                  |   |  | 4a. S        | \$                               | 0.00   |
|      | •                        | rty, homeowner'                                     |                  |   |  | 4b. 3        | ·                                | 0.00   |
|      |                          |   |                  | ıpkeep expenses   |  | 4c. 3        | ·                                | 200.00   |
| 5.   |                          | owner's associa                                     |                  |   | omo oquity loopo                       | 4d. 5.       | ·                                | 0.00   |
| J.   | Auditional I             | nongaye paym  | ento for yo      | <b>our residence,</b> such as h                             | ome equity loans                       | <b>5.</b> 3  | Ψ                                | 0.00   |

| 3. Child<br>9. Cloth<br>10. Perso<br>11. Media<br>12. Trans                                | Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: I and housekeeping supplies Icare and children's education costs hing, laundry, and dry cleaning onal care products and services | 6a.<br>6b.<br>6c.<br>6d.<br>7.<br>8. | \$                                       | 350.00<br>90.00<br>275.00    |
|--|---|--------------------------------------|--|------------------------------|
| 6b.<br>6c.<br>6d.<br>7. Food<br>3. Child<br>9. Cloth<br>10. Perso<br>11. Medi<br>12. Trans | Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: I and housekeeping supplies Icare and children's education costs hing, laundry, and dry cleaning onal care products and services                                | 6b.<br>6c.<br>6d.<br>7.              | \$ = = = = = = = = = = = = = = = = = = = | 90.00                        |
| 6c.<br>6d.<br>7. Food<br>3. Child<br>9. Cloth<br>10. Perso<br>11. Medi<br>12. Trans        | Telephone, cell phone, Internet, satellite, and cable services  Other. Specify: I and housekeeping supplies Icare and children's education costs hing, laundry, and dry cleaning onal care products and services  | 6c.<br>6d.<br>7.                     | \$                                       |                              |
| 6d. 7. Food 3. Child 9. Cloth 10. Perso 11. Medi 12. Trans                                 | Other. Specify: I and housekeeping supplies Icare and children's education costs ning, laundry, and dry cleaning onal care products and services  | 6d.<br>7.                            | ·  | 275.00                       |
| 7. Food<br>3. Child<br>9. Cloth<br>10. Perso<br>11. Medi<br>12. Trans                      | l and housekeeping supplies<br>Icare and children's education costs<br>ning, laundry, and dry cleaning<br>onal care products and services   | 7.                                   | \$                                       |                              |
| 3. Child<br>9. Cloth<br>10. Perso<br>11. Media<br>12. Trans                                | lcare and children's education costs<br>ning, laundry, and dry cleaning<br>onal care products and services  |                                      | Ψ  | 0.00                         |
| O. Cloth<br>10. Perso<br>11. Medi<br>12. Trans   | ning, laundry, and dry cleaning<br>onal care products and services  | 8                                    | \$                                       | 1,300.00                     |
| 10. Perse<br>11. Medi<br>12. Trans   | onal care products and services   | 0.                                   | \$                                       | 100.00                       |
| 10. Perse<br>11. Medi<br>12. Trans   | onal care products and services   | 9.                                   | \$                                       | 400.00                       |
| 11. <b>Medi</b><br>12. <b>Tran</b> s   | ·   | 10.                                  | \$                                       | 400.00                       |
| 2. Trans   | cal and dental expenses   | 11.                                  | · -                                      | 300.00                       |
|  | sportation. Include gas, maintenance, bus or train fare.  |                                      | ·  |                              |
| יוו טע   | ot include car payments.  | 12.                                  | \$                                       | 500.00                       |
|  | rtainment, clubs, recreation, newspapers, magazines, and books  | 13.                                  | \$                                       | 50.00                        |
|  | itable contributions and religious donations  | 14.                                  | \$                                       | 0.00                         |
| 5. <b>Insu</b> r   | <u> </u>  |                                      |  | 0.00                         |
|  | ot include insurance deducted from your pay or included in lines 4 or 20.   |                                      |  |                              |
|  | Life insurance  | 15a.                                 | \$                                       | 0.00                         |
|  | Health insurance  | 15b.                                 |  | 0.00                         |
|  | Vehicle insurance   | 15c.                                 | :  | 275.00                       |
|  | Other insurance. Specify:   | 15d.                                 |  | 0.00                         |
|  | s. Do not include taxes deducted from your pay or included in lines 4 or 20.  | 13u.                                 | Ψ  | 0.00                         |
| o. Taxe<br>Spec  |   | 16.                                  | \$                                       | 0.00                         |
|  | Ilment or lease payments:   |                                      | Ψ  | 0.00                         |
|  | Car payments for Vehicle 1  | 17a.                                 | ¢  | 350.00                       |
|  | • •   |                                      | ·  |                              |
|  | Car payments for Vehicle 2  | 17b.                                 | ·  | 0.00                         |
|  | Other. Specify:   | 17c.                                 | ·  | 0.00                         |
|  | Other. Specify:   | 17d.                                 | \$                                       | 0.00                         |
|  | payments of alimony, maintenance, and support that you did not report as  | 18.                                  | <b>c</b>                                 | 0.00                         |
|  | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 10.                                  | ·  |                              |
|  | r payments you make to support others who do not live with you.   | 40                                   | \$                                       | 0.00                         |
| Spec   |   | 19.                                  |  |                              |
|  | r real property expenses not included in lines 4 or 5 of this form or on Sche   |                                      |  |                              |
|  | Mortgages on other property   | 20a.                                 | ·  | 0.00                         |
|  | Real estate taxes   | 20b.                                 | ·  | 0.00                         |
|  | Property, homeowner's, or renter's insurance  | 20c.                                 | · -                                      | 0.00                         |
| 20d.   | Maintenance, repair, and upkeep expenses  | 20d.                                 | \$                                       | 0.00                         |
| 20e.   | Homeowner's association or condominium dues   | 20e.                                 | \$                                       | 0.00                         |
| . Othe   | r: Specify: Spouse's separate debt  | 21.                                  | +\$                                      | 200.00                       |
|  |   |                                      |  |                              |
|  | ulate your monthly expenses   |                                      |  |                              |
|  | Add lines 4 through 21.   |                                      | \$                                       | 5,890.00                     |
|  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |                                      | \$                                       |                              |
| 22c. /   | Add line 22a and 22b. The result is your monthly expenses.  |                                      | \$                                       | 5,890.00                     |
|  |   |                                      |  | · .                          |
|  | ulate your monthly net income.  |                                      | •  | 7                            |
|  | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.                                 | · —                                      | 7,522.67                     |
| 23b.   | Copy your monthly expenses from line 22c above.   | 23b.                                 | -\$                                      | 5,890.00                     |
|  |   |                                      |  |                              |
| 23c.   | Subtract your monthly expenses from your monthly income.  | 220                                  | œ.                                       | 1,632.67                     |
|  | The result is your <i>monthly net income</i> .  | 23c.                                 | \$                                       | 1,002.01                     |
| For ex   | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?   |                                      |  | ase or decrease because of a |
|  |   | n that a                             | come noin                                | t may affect his shillty to  |
| ☐ Ye   | es. Explain here: Debtor had a recent serious medical condition work.   | n that a                             | some poin                                | may arrect his ability to    |

| Fill in this info                             | ormation to identify your  | case:   |              |                     |                    |  |       |  |
|---|--|---|--------------|---------------------|--------------------|--|-------|--|
| Debtor 1                                      | Dean A. Flansbur   | g   |              |                     |                    |  |       |  |
|   | First Name   | Middle Name   | Last         | Name                |                    |  |       |  |
| Debtor 2<br>(Spouse if, filing)               | First Name   | Middle Name   | Last         | Name                |                    |  |       |  |
| (Spouse II, IIIIIIg)                          | i iist ivaine  | Middle Name   | Lasi         | Ivaille             |                    |  |       |  |
| United States B                               | Bankruptcy Court for the:  | NORTHERN DISTRICT   | OF OHIO      |                     |                    |  |       |  |
| Case number                                   | 23-30748   |   |              |                     |                    |  |       |  |
| (if known)                                    |  |   |              |                     |                    | ☐ Check if this is a<br>amended filing               | an    |  |
|   | <sub>rm 106Dec</sub><br>ntion About a  | n Individual  | Debto        | or's Sche           | dules              |  | 12/15 |  |
|   |  |   |              |                     |                    |  |       |  |
| You must file toobtaining mon years, or both. | two married people are filing together, both are equally responsible for supplying correct information.  ou must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or btaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below |   |              |                     |                    |  |       |  |
| Did you p                                     | pay or agree to pay some   | one who is NOT an attor                                       | ney to help  | you fill out bankru | uptcy forms?       |  |       |  |
| ■ No  |  |   |              |                     |                    |  |       |  |
| ☐ Yes.  | Name of person   |   |              |                     |                    | uptcy Petition Preparer's and Signature (Official Fo |       |  |
|   | nalty of perjury, I declare<br>are true and correct.   | that I have read the sum                                      | ımary and se | hedules filed with  | n this declaration | and  |       |  |
| X /s/ De                                      | ean A. Flansburg   |   | Х            |                     |                    |  |       |  |
| Dean  | A. Flansburg   | Dean A. Flansburg Signature of Debtor 2 Signature of Debtor 1 |              |                     |                    |  |       |  |

Official Form 106Dec

Date May 12, 2023

**Declaration About an Individual Debtor's Schedules** 

Date \_\_\_\_

|        |                  | ation to identify you    |  |                                     |  |                                   |
|--------|------------------|--------------------------|--|-------------------------------------|--|-----------------------------------|
| De     | btor 1           | Dean A. Flansbu          | Irg<br>Middle Name   | Last Name                           |  |                                   |
|        | btor 2           |                          |  |                                     |  |                                   |
| (Spo   | ouse if, filing) | First Name               | Middle Name  | Last Name                           |  |                                   |
| Un     | ited States Ban  | kruptcy Court for the:   | NORTHERN DISTRICT O  | OF OHIO                             |  |                                   |
| Ca     | se number 2      | 3-30748                  |  |                                     |  |                                   |
| (if kı | nown)            |                          |  |                                     | _  | theck if this is an mended filing |
|        |                  |                          |  |                                     |  | menaca ming                       |
| ∩f     | ficial For       | m 107                    |  |                                     |  |                                   |
|        |                  |                          | Affairs for Individ  | duals Filing for B                  | ankruntov  | 04/22                             |
|        |                  |                          |  |                                     |  |                                   |
|        |                  |                          |  |                                     | equally responsible for sup<br>additional pages, write you |                                   |
|        |                  | ). Answer every que      |  |                                     | , pg, ,  |                                   |
| Pa     | rt 1: Give D     | etails About Your Ma     | arital Status and Where You                                    | Lived Before                        |  |                                   |
| 1.     | What is your     | current marital statu    | 167  |                                     |  |                                   |
| ••     | Wilat is your    | carrent markar state     | 13:  |                                     |  |                                   |
|        | ■ Married        |                          |  |                                     |  |                                   |
|        |                  | ried                     |  |                                     |  |                                   |
| 2.     | During the la    | st 3 years, have you     | lived anywhere other than                                      | where you live now?                 |  |                                   |
|        | ■ No             |                          |  |                                     |  |                                   |
|        | _                | all of the places you I  | ived in the last 3 years. Do no                                | ot include where you live now       | <i>'</i> .   |                                   |
|        | Debtor 1:        |                          | Dates Debtor 1   | Debtor 2 Prior Ac                   | dress.   | Dates Debtor 2                    |
|        | 202101 11        |                          | lived there  | 200101 21 1101 710                  |  | lived there                       |
| 3.     | Within the la    | st 8 years, did you ev   | ver live with a spouse or leg                                  | al equivalent in a commun           | ity property state or territory                            | ? (Community property             |
| stat   |                  |                          |  |                                     | co, Texas, Washington and W                                |                                   |
|        | ■ No             |                          |  |                                     |  |                                   |
|        | _                | ke sure you fill out Sch | hedule H: Your Codebtors (Ot                                   | fficial Form 106H).                 |  |                                   |
|        |                  |                          |  |                                     |  |                                   |
| Pa     | rt 2 Explair     | n the Sources of You     | r Income   |                                     |  |                                   |
| 4.     |                  |                          |  |                                     | ear or the two previous cale                               | ndar years?                       |
|        |                  |                          | u received from all jobs and a<br>have income that you receive |                                     |  |                                   |
|        |                  | <b>3,</b> ,              | , , , , , , , , , , , , , , , , , , ,                          | ,                                   |  |                                   |
|        | □ No             | South and a to No.       |  |                                     |  |                                   |
|        | ■ Yes. Fill      | in the details.          |  |                                     |  |                                   |
|        |                  |                          | Debtor 1   |                                     | Debtor 2   |                                   |
|        |                  |                          | Sources of income<br>Check all that apply.                     | Gross income (before deductions and | Sources of income<br>Check all that apply.                 | Gross income (before deductions   |
|        |                  |                          | onook all that apply.  | exclusions)                         | oncor all that apply.                                      | and exclusions)                   |
|        |                  | of current year until    | ■ Wages, commissions,  | \$34,700.00                         | ☐ Wages, commissions,                                      |                                   |
| the    | date you filed   | d for bankruptcy:        | bonuses, tips  | , ,                                 | bonuses, tips  |                                   |
|        |                  |                          | ☐ Operating a business   |                                     | ☐ Operating a business                                     |                                   |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

| De | btor 1  | De                   | an A. Flar              | sburg         | e number (if known) 23-307   | 48  |  |   |  |
|----|---------|----------------------|-------------------------|---------------|--|---|--|---|--|
|    |         |                      |                         |               |  |   |  |   |  |
|    |         |                      |                         |               | Debtor 1   |   | Debtor 2                                   |   |  |
|    |         |                      |                         |               | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |
|    |         |                      | dar year:<br>December   | 31, 2022 )    | ■ Wages, commissions, bonuses, tips  |   |  |   |  |
|    |         |                      |                         |               | ☐ Operating a business   |   | ☐ Operating a business                     |   |  |
|    |         |                      | dar year be<br>December |               | ■ Wages, commissions, bonuses, tips  | \$98,500.00   | ☐ Wages, commissions, bonuses, tips        |   |  |
|    |         |                      |                         |               | ☐ Operating a business   |   | ☐ Operating a business                     |   |  |
|    | List (  | No                   | source and t            | -             | Debtor 1 Sources of income   |   | Debtor 2                                   | Gross income  |  |
|    |         |                      |                         |               | Sources of income Describe below.  | Gross income from each source (before deductions and  | Sources of income Describe below.          | Gross income<br>(before deductions<br>and exclusions) |  |
|    |         |                      |                         |               |  | exclusions)   |  |   |  |
| Pa | rt 3:   | List                 | Certain Pa              | yments You    | Made Before You Filed for  | Bankruptcy  |  |   |  |
| 6. | Are     | <b>either</b><br>No. | Neither De              | ebtor 1 nor l | P's debts primarily consumer Debtor 2 has primarily consular personal, family, or househole  | imer debts. Consumer debt                             | s are defined in 11 U.S.C. §               | 101(8) as "incurred by an                             |  |
|    |         |                      | During the              | 90 days befo  | ore you filed for bankruptcy, di   | d you pay any creditor a tota                         | I of \$7,575* or more?                     |   |  |
|    |         |                      | □ No.                   | Go to line    | 7.   |   |  |   |  |
|    | paid th |                      |                         |               | w each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount your creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, de payments to an attorney for this bankruptcy case. |   |  |   |  |
|    |         |                      | * Subject               | to adjustmer  | nt on 4/01/25 and every 3 years  | s after that for cases filed on                       | or after the date of adjustme              | ent.  |  |
|    |         | Yes.                 |                         |               | or both have primarily consure you filed for bankruptcy, di  |   | I of \$600 or more?                        |   |  |
|    |         |                      | ■ No.                   | Go to line    | 7.   |   |  |   |  |
|    |         |                      | □ Yes                   | List below    | each creditor to whom you pai  |   |  |   |  |

**Creditor's Name and Address** 

**Dates of payment** 

attorney for this bankruptcy case.

Total amount paid

Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 7.  | Within 1 year before you filed for bankrupt. <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gene<br>control, or owner of 20% or | eral partners; partner<br>r more of their voting | erships of which y<br>g securities; and a | ou are a gener<br>any managing a | al partner; corporations<br>agent, including one for |
|-----|--|---|--|---|----------------------------------|--|
|     | ■ No   |   |  |   |                                  |  |
|     | ☐ Yes. List all payments to an insider.  |   |  |   |                                  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                | Amount you still owe                      | Reason for                       | this payment   |
| В.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |   | ments or transfer a                              | iny property on a                         | account of a d                   | lebt that benefited an                               |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>  |   |  |   |                                  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                | Amount you still owe                      |                                  | this payment   |
|     |  |   | para   | 5 5 5                                     | molado orox                      | and o hamo   |
| Par | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures  |  |   |                                  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.  Case title                             |   |  |   |                                  | rt or custody  |
|     | Case number  |   |  |   |                                  |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address                           |   | rty repossessed, f                               | oreclosed, garni                          | ·                                | d, seized, or levied?  Value of the                  |
|     |  | Explain what happened   | 1  |   |                                  | property   |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.  | otcy, did any creditor, incl                                  |  | nancial institutio                        | n, set off any                   | amounts from your                                    |
|     | Creditor Name and Address  | Describe the action the                                       | creditor took                                    | Date                                      | action was                       | Amount   |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes  |   | rty in the possessi                              | ion of an assign                          | ee for the ben                   | efit of creditors, a                                 |
| Par | t 5: List Certain Gifts and Contributions  |   |  |   |                                  |  |
| 13. | Within 2 years before you filed for bankrup  | tcy, did you give any gifts                                   | with a total value                               | of more than \$6                          | 00 per person                    | ?  |
|     | ☐ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  | Describe the gifts  |  | Date<br>the                               | es you gave<br>gifts             | Value  |
|     | Person to Whom You Gave the Gift and Address:  |   |  |   |                                  |  |

Debtor 1 Dean A. Flansburg

Official Form 107

Case number (if known) 23-30748

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Dean A. Flansburg |  |                            | Ca  | ase number (if k                          | nown) <b>23-30748</b>                               |                           |
|----------------------------|--|----------------------------|---|---|---|---------------------------|
| 14.                        | Within 2 years before you filed for bankr  | ruptcy,                    | did you give any gifts or contributions   | s with a total v                          | alue of more than                                   | \$600 to any charity?     |
|                            | Yes. Fill in the details for each gift or o  | contribut                  | tion.   |   |   |                           |
|                            | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Cod   |                            | Describe what you contributed   |   | Dates you<br>contributed                            | Value                     |
| Par                        | t 6: List Certain Losses   |                            |   |   |   |                           |
| 15.                        | Within 1 year before you filed for bankru or gambling?   | ıptcy or                   | since you filed for bankruptcy, did yo  | u lose anythir                            | ng because of thef                                  | t, fire, other disaster   |
|                            | ■ No   |                            |   |   |   |                           |
|                            | ☐ Yes. Fill in the details.  |                            |   |   |   |                           |
|                            | Describe the property you lost and how the loss occurred   | Include                    | ibe any insurance coverage for the los<br>e the amount that insurance has paid. Lis<br>nce claims on line 33 of Schedule A/B: P | st pending I                              | Date of your oss                                    | Value of property<br>lost |
| Par                        | t 7: List Certain Payments or Transfers  | s                          |   |   |   |                           |
|                            | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process. No Yes. Fill in the details.  Person Who Was Paid Address Email or website address       |                            |   | rty I                                     | your bankruptcy.  Date payment or transfer was nade | Amount of payment         |
|                            | Person Who Made the Payment, if Not Y<br>Stephen T. Priestap<br>4930 Holland-Sylvania  | You                        | legal services  | 3   | 3-10-23   | \$1,500.00                |
|                            | Sylvania, OH 43560   |                            |   |   |   |                           |
|                            | Abacus Credit Counseling<br>17337 Ventura Boulevard<br>Suite 226<br>Encino, CA 91316   |                            |   |   |   | \$32.00                   |
| 17.                        | promised to help you deal with your cree Do not include any payment or transfer that  No   | ditors o                   | or to make payments to your creditors   |   | ransfer any proper                                  | rty to anyone who         |
|                            |  |                            |   |   |   |                           |
|                            | Person Who Was Paid<br>Address   |                            | Description and value of any proper transferred   |   | Date payment<br>or transfer was<br>made             | Amount of<br>payment      |
| 18.                        | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No | u <b>r busir</b><br>s made | ness or financial affairs?<br>as security (such as the granting of a sec  |   |   |                           |
|                            | Yes. Fill in the details.  |                            |   |   |   |                           |
|                            | Person Who Received Transfer<br>Address  |                            | Description and value of property transferred   | Describe any payments re paid in exchange | ceived or debts                                     | Date transfer was made    |
|                            | Person's relationship to you   |                            |   |   |   |                           |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

| 19. | <ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |                         |                       |  |   |  |
|-----|--|---|-------------------------|-----------------------|--|---|--|
|     | Name of trust  | Description and   | alue of the pro         | perty trans           | ferred   | Date Transfer was made                        |  |
| Par | List of Certain Financial Accounts, Inst   | ruments, Safe Deposi  | t Boxes, and St         | orage Unit            | s  |   |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ  No  | of deposit  |                         |                       |  |   |  |
|     | Yes. Fill in the details.  |   |                         |                       |  |   |  |
|     |  | Last 4 digits of account number                               | Type of acco instrument | unt or                | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?  | ear before you filed for                                      | r bankruptcy, a         | ny safe dep           | oosit box or other deposit                           | tory for securities,                          |  |
|     |  |   |                         |                       |  |   |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                         | Describe              | the contents   | Do you still have it?                         |  |
| 22. | Have you stored property in a storage unit or  ■ No □ Yes. Fill in the details.  |   |                         |                       |  |   |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or to it? Address (Number, State and ZIP Code)   |                         | Describe the contents |  | Do you still have it?                         |  |
| Par | 19: Identify Property You Hold or Control for  | or Someone Else   |                         |                       |  |   |  |
| 23. | Do you hold or control any property that som for someone.  No  | neone else owns? Incl   | ude any proper          | ty you borr           | rowed from, are storing fo                           | or, or hold in trust                          |  |
|     | Yes. Fill in the details.  |   |                         |                       |  |   |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the proj<br>(Number, Street, City, S<br>Code)        |                         | Describe              | the property   | Value   |  |
| Par | t 10: Give Details About Environmental Infor   | mation  |                         |                       |  |   |  |
| For | the purpose of Part 10, the following definition   | ns apply:   |                         |                       |  |   |  |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these s  | e air, land, soil, surfac                                     | e water, ground         |                       |  |   |  |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos  | _   | environmental           | law, wheth            | er you now own, operate,                             | or utilize it or used                         |  |
|     | Hazardous material means anything an envir<br>hazardous material, pollutant, contaminant, o  | onmental law defines  | as a hazardous          | s waste, ha           | zardous substance, toxic                             | substance,                                    |  |
| Rep | ort all notices, releases, and proceedings that  | you know about, reg   | ardless of wher         | n they occu           | rred.  |   |  |
|     |  |   |                         |                       |  |   |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 24. | Has   | any governmental unit notified you that  | you may be liable or potentially liable                                    | under or in violation of an environment                         | ental law?         |  |  |  |  |  |  |
|-----|-------|--|--|---|--------------------|--|--|--|--|--|--|
|     |       | No Yes. Fill in the details.   |  |   |                    |  |  |  |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                               | Date of notice     |  |  |  |  |  |  |
| 25. | Hav   | e you notified any governmental unit of  | any release of hazardous material?   |   |                    |  |  |  |  |  |  |
|     |       | No<br>Yes. Fill in the details.  |  |   |                    |  |  |  |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                               | Date of notice     |  |  |  |  |  |  |
| 26. | Hav   | e you been a party in any judicial or adn  | ninistrative proceeding under any envi                                     | ronmental law? Include settlements                              | and orders.        |  |  |  |  |  |  |
|     |       | No<br>Yes. Fill in the details.  |  |   |                    |  |  |  |  |  |  |
|     |       | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case  | Status of the case |  |  |  |  |  |  |
| Par | t 11: | Give Details About Your Business or  | Connections to Any Business  |   |                    |  |  |  |  |  |  |
| 27. | Witl  | Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? |  |   |                    |  |  |  |  |  |  |
|     |       | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                    |  |   |                    |  |  |  |  |  |  |
|     |       | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |   |                    |  |  |  |  |  |  |
|     |       | ☐ A partner in a partnership   |  |   |                    |  |  |  |  |  |  |
|     |       | ☐ An officer, director, or managing executive of a corporation   |  |   |                    |  |  |  |  |  |  |
|     |       | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |   |                    |  |  |  |  |  |  |
|     |       | No. None of the above applies. Go to Part 12.  |  |   |                    |  |  |  |  |  |  |
|     |       | Yes. Check all that apply above and fill   | in the details below for each business                                     |   |                    |  |  |  |  |  |  |
|     |       | siness Name<br>dress   | Describe the nature of the business  | Employer Identification numbe<br>Do not include Social Security |                    |  |  |  |  |  |  |
|     |       | mber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   | Dates business existed  | number of fritt.   |  |  |  |  |  |  |
| 28. |       | nin 2 years before you filed for bankrupt itutions, creditors, or other parties.   | cy, did you give a financial statement t                                   | o anyone about your business? Incl                              | ude all financial  |  |  |  |  |  |  |
|     |       | No<br>Yes. Fill in the details below.  |  |   |                    |  |  |  |  |  |  |
|     |       | me<br>dress<br>mber, Street, City, State and ZIP Code)   | Date Issued  |   |                    |  |  |  |  |  |  |
|     |       |  |  |   |                    |  |  |  |  |  |  |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor '                 | Dean A. Flansburg  | Case r                                    | iumber (if known) | 23-30748            |
|--------------------------|--|---|-------------------|---------------------|
| Part 12                  | Sign Below   |   |                   |                     |
| are true                 | ead the answers on this <i>Statement of Financial A</i> and correct. I understand that making a false stankruptcy case can result in fines up to \$250,000 in \$250,000 in \$250,1341, 1519, and 3571. | tement, concealing property, or obtai     | ning money or     |                     |
| /s/ Dea                  | n A. Flansburg   |   |                   |                     |
|                          | A. Flansburg<br>ire of Debtor 1  | Signature of Debtor 2                     |                   |                     |
| Date                     | May 12, 2023   | Date                                      |                   |                     |
| Did you<br>■ No<br>□ Yes | attach additional pages to Your Statement of Fin   | nancial Affairs for Individuals Filing fo | r Bankruptcy (C   | Official Form 107)? |
| Did you                  | pay or agree to pay someone who is not an atto   | rney to help you fill out bankruptcy fo   | rms?              |                     |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this information to identify your case: |                   |                           |  |  |  |  |
|---|-------------------|---------------------------|--|--|--|--|
| Debtor 1  | Dean A. Flansburg |                           |  |  |  |  |
| Debtor 2 (Spouse, if filing)                    |                   |                           |  |  |  |  |
| United States Bankruptcy Court for the:         |                   | Northern District of Ohio |  |  |  |  |
| Case number (if known) 23-30748                 |                   |                           |  |  |  |  |

| Check as directed in lines 17 and 21:                                |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| According to the calculations required by this Statement:            |  |  |  |  |  |  |  |  |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |  |  |
| Disposable income is determined under 11 U.S.C. § 1325(b)(3).        |  |  |  |  |  |  |  |  |
| 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |  |  |
| 4. The commitment period is 5 years.                                 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 8,164.00 3,116.00 payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

|            |  |   |   | Column A Debtor 1 |             | Column B Debtor 2 o | or           |          |
|------------|--|---|---|-------------------|-------------|---------------------|--------------|----------|
| 7.         | Interest, dividends, and royalties   |   |   | \$                | 0.00        | \$                  | 0.00         |          |
| 8.         | Unemployment compensation  |   |   | \$                | 0.00        | \$                  | 0.00         |          |
|            | Do not enter the amount if you contend that the am the Social Security Act. Instead, list it here:   |   |   | -                 |             |                     |              |          |
|            | For you  |   | 00  |                   |             |                     |              |          |
|            | For your spouse  |   | 00  |                   |             |                     |              |          |
|            | Pension or retirement income. Do not include an benefit under the Social Security Act. Also, except a not include any compensation, pension, pay, annui United States Government in connection with a disability, or death of a member of the uniformed sepay paid under chapter 61 of title 10, then include t does not exceed the amount of retired pay to which if retired under any provision of title 10 other than c | as stated in the next sente<br>ty, or allowance paid by th<br>ability, combat-related inju<br>ervices. If you received an<br>hat pay only to the extent<br>a you would otherwise be e | nce, do<br>e<br>ry or<br>y retired<br>that it |                   | 0.00        | <b>.</b> \$         | 0.00         |          |
|            | Income from all other sources not listed above. Do not include any benefits received under the Socreceived as a victim of a war crime, a crime against domestic terrorism; or compensation, pension, pay. United States Government in connection with a disability, or death of a member of the uniformed sesources on a separate page and put the total below.  | cial Security Act; payments<br>t humanity, or internationa<br>, annuity, or allowance pai<br>ability, combat-related inju<br>ervices. If necessary, list o                            | s<br>I or<br>d by the<br>ry or                |                   |             |                     |              |          |
|            |  |   |   | \$                | 0.00        | \$                  | 0.00         |          |
|            |  |   |   | \$                | 0.00        | \$                  | 0.00         |          |
|            | Total amounts from separate pages, if any  | <i>/</i> .  | +   | \$                | 0.00        | \$                  | 0.00         |          |
| 11.        | Calculate your total average monthly income. A each column. Then add the total for Column A to the   |   | \$  | 8,164.00          | + \$ _      | 3,116.00            | Total        | ,280.00  |
| Part       | 2: Determine How to Measure Your Deducti   | ons from Income   |   |                   |             |                     | mond         | ny meome |
| 12.<br>13. | Copy your total average monthly income from li Calculate the marital adjustment. Check one:  You are not married. Fill in 0 below.   |   |   |                   |             |                     | \$ <u>11</u> | ,280.00  |
|            | You are married and your spouse is filing with   | you. Fill in 0 below.   |   |                   |             |                     |              |          |
|            | You are married and your spouse is not filing of<br>Fill in the amount of the income listed in line 1<br>dependents, such as payment of the spouse's<br>Below, specify the basis for excluding this income<br>adjustments on a separate page. If this adjustment does not apply, enter 0 below   | Column B, that was NO tax liability or the spouse ome and the amount of income.   | s suppo                                       | rt of someon      | e other t   | han you or you      | ur dependen  | ts.      |
|            |  |   | \$  |                   |             |                     |              |          |
|            |  |   | \$  |                   |             |                     |              |          |
|            |  |   | +\$   |                   |             |                     |              |          |
|            | Total  |   | \$  | 0.0               | <u>00</u> c | copy here=>         |              | 0.00     |
| 14.        | Your current monthly income. Subtract line 13  | from line 12.   |   |                   |             |                     | \$ <u>11</u> | ,280.00  |
| 15.        | Calculate your current monthly income for the 15a. Copy line 14 here=>   | •   |   |                   |             |                     | \$11         | ,280.00  |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1     | 1          | Dean                 | A. Flansburg  |                           | Case number (if known) 23-              | -30748                         |
|--------------|------------|----------------------|---|---------------------------|---|--------------------------------|
|              |            | Mul                  | Itiply line 15a by 12 (the number of months in  | n a year).                |   | <b>x</b> 12                    |
|              | 15         | o. The               | e result is your current monthly income for the   | e year for this part of t | he form                                 | \$ <u>135,360.00</u>           |
| 16. <b>C</b> | Calo       | culate 1             | the median family income that applies to  | you. Follow these ste     | DS:                                     |                                |
| 1            | 6a.        | Fill in              | the state in which you live.  | ОН                        |   |                                |
| 1            | 6b.        | Fill in              | the number of people in your household.   | 3                         |   |                                |
| 1            | 6c.        | To fine              | the median family income for your state and d a list of applicable median income amount ctions for this form. This list may also be ava   | s, go online using the    |   | \$90,912.00                    |
| 17. <b>F</b> | lov        | do th                | e lines compare?  |                           |   |                                |
| 1            | 7a.        |                      | Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N  |                           |   |                                |
| 1            | 7b.        |                      | Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a   | ulation of Your Dispo     | •                                       | •                              |
| Part 3       | 3:         | Cald                 | culate Your Commitment Period Under 11  | U.S.C. § 1325(b)(4)       |   |                                |
| 18. <b>C</b> | Сор        | y your               | total average monthly income from line  | l1                        |   | \$\$                           |
| S            | ont<br>pou | end that<br>use's in | e marital adjustment if it applies. If you are at calculating the commitment period under 1 come, copy the amount from line 13. marital adjustment does not apply, fill in 0 on | 11 U.S.C. § 1325(b)(4)    |   | -\$0.00                        |
| 1            | 9b.        | Subtr                | act line 19a from line 18.  |                           |   | \$11,280.00                    |
| 20. <b>C</b> | Calc       | culate               | your current monthly income for the year  | . Follow these steps:     |   |                                |
| 2            | 20a        | Сору                 | line 19b  |                           |   | \$ <u>11,280.00</u>            |
|              |            | Multip               | ly by 12 (the number of months in a year).  |                           |   | <b>x</b> 12                    |
| 2            | 20b.       | The re               | esult is your current monthly income for the y  | ear for this part of the  | form                                    | \$ 135,360.00                  |
| 2            | 20c.       | Сору                 | the median family income for your state and   | size of household from    | m line 16c                              | \$90,912.00_                   |
| 2            | 21.        | How                  | do the lines compare?   |                           |   |                                |
|              |            |                      | ine 20b is less than line 20c. Unless otherwine in a years. Go to Part 4.   | ise ordered by the cou    | ırt, on the top of page 1 of this form, | check box 3, The commitment    |
|              |            |                      | ine 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.   | nless otherwise ordere    | ed by the court, on the top of page 1   | of this form, check box 4, The |
| Part 4       |            | _                    | n Below   | dha tafanna dha a an dh'  |   | to the control of              |
| E            | sy s       | igning               | here, under penalty of perjury I declare that   | the information on this   | s statement and in any attachments i    | s true and correct.            |
| -            | De         | an A.                | A. Flansburg Flansburg of Debtor 1  |                           |   |                                |
|              | •          | May                  | 7 12, 2023<br>/ DD / YYYY   |                           |   |                                |
| li           | f yo       |                      | ked 17a, do NOT fill out or file Form 122C-2.   |                           |   |                                |
| li           | f yo       | u chec               | ked 17b, fill out Form 122C-2 and file it with  | this form. On line 39 o   | of that form, copy your current month   | ly income from line 14 above.  |

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

Official Form 122C-1

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Fill in this info                | ormation to identify your case:  |                                 |                               |       |
|----------------------------------|--|---------------------------------|-------------------------------|-------|
| Debtor 1                         | Dean A. Flansburg  |                                 |                               |       |
| Debtor 2<br>(Spouse, if filing   | ng)  |                                 |                               |       |
|                                  | Bankruptcy Court for the: Northern District of Ohio  |                                 |                               |       |
| Case number (if known)           | 23-30748   | ☐ Check                         | k if this is an amended filin | g     |
| Official Form 1<br>Chapter       | 122C-2<br>13 Calculation of Your Disposable In   | ncome                           |                               | 04/22 |
|                                  | form, you will need your completed copy of <i>Chapter 13 Stateme</i><br>Period (Official Form 122C-1).   | ent of Your Current Monthly     | Income and Calculation of     |       |
| space is neede<br>additional pag | e and accurate as possible. If two married people are filing toge ed, attach a separate sheet to this form, Include the line number es, write your name and case number (if known).                          |                                 |                               |       |
| the questio                      | Il Revenue Service (IRS) issues National and Local Standards fons in lines 6-15. To find the IRS standards, go online using the lamay also be available at the bankruptcy clerk's office.                    | •                               |                               |       |
| expenses if                      | expense amounts set out in lines 6-15 regardless of your actual expense are higher than the standards. Do not include any operating expense do not deduct any amounts that you subtracted from your spouse's | penses that you subtracted from | om income in lines 5 and 6 of |       |
| If your expe                     | nses differ from month to month, enter the average expense.  |                                 |                               |       |
| Note: Line n                     | numbers 1-4 are not used in this form. These numbers apply to inform   | nation required by a similar fo | orm used in chapter 7 cases.  |       |
| 5. The ทเ                        | umber of people used in determining your deductions from inco  | me                              |                               |       |
| plus the                         | the number of people who could be claimed as exemptions on your fe<br>e number of any additional dependents whom you support. This num<br>mber of people in your household.                                  |                                 | 3                             |       |
| National St                      | andards You must use the IRS National Standards to answ  | ver the questions in lines 6-7. |                               |       |
|                                  |  |                                 |                               |       |

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National

Standards, fill in the dollar amount for food, clothing, and other items.

Official Form 122C-2

**Chapter 13 Calculation of Your Disposable Income** 

1,610.00

| Peop | le v  | vho are under 65 years of age   |            |                  |            |                |       |                   |                                 |
|------|-------|---|------------|------------------|------------|----------------|-------|-------------------|---------------------------------|
|      | 7a.   | Out-of-pocket health care allowance per person  | \$         | 75               | =          |                |       |                   |                                 |
|      | 7b.   | Number of people who are under 65   | X          | 3                |            |                |       |                   |                                 |
| ,    | 7c.   | Subtotal. Multiply line 7a by line 7b.  | \$_        | 225.00           | _          | Copy here=     | > \$  | 225.00            |                                 |
| Peop | le v  | vho are 65 years of age or older  |            |                  |            |                |       |                   |                                 |
|      | 7d.   | Out-of-pocket health care allowance per person  | \$         | 153              |            |                |       |                   |                                 |
|      | 7e.   | Number of people who are 65 or older  | Χ _        | 0                | -          |                |       |                   |                                 |
|      | 7f.   | Subtotal. Multiply line 7d by line 7e.  | \$_        | 0.00             | -          | Copy here=     | > \$  | 0.00              |                                 |
|      | 7g.   | Total. Add line 7c and line 7f  |            |                  | \$         | 225.00         |       | Copy total here=: | \$ 225.00                       |
| Loca | l Sta | andards You must use the IRS Local Standards t  | o ansv     | ver the questi   | ons in lin | es 8-15.       |       |                   |                                 |
| Base | d o   | n information from the IRS, the U.S. Trustee Pro  |            | •                |            |                | d for | housing for       |                                 |
| bank | rup   | tcy purposes into two parts:  |            |                  |            |                |       | _                 |                                 |
| ■ H  | ousi  | ing and utilities - Insurance and operating expen   | ses        |                  |            |                |       |                   |                                 |
| H    | ousi  | ing and utilities - Mortgage or rent expenses   |            |                  |            |                |       |                   |                                 |
|      |       | er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be                                     |            |                  |            |                |       | using the link s  | specified in the                |
| 8.   | Hou   | ising and utilities - Insurance and operating expe  | enses:     | Using the nu     | mber of    |                |       | in line 5, fill   | 706.00                          |
|      |       | ne dollar amount listed for your county for insurance   | and op     | perating expe    | nses.      |                |       | Ψ_                | 700.00                          |
| -    |       | using and utilities - Mortgage or rent expenses:  | fill in th | a dallar amai    | ınt        |                |       |                   |                                 |
| ;    | эa.   | Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense                                   |            | le dollar arriot | JIII.      |                | \$    | 1,043.00          |                                 |
|      | 9b.   | Total average monthly payment for all mortgages a   | and oth    | ner debts sec    | ured by v  | our home.      |       |                   |                                 |
|      |       | To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. | dd all a   | mounts that      | are        |                |       |                   |                                 |
|      |       | Name of the creditor  |            | Average mo       | nthly      |                |       |                   |                                 |
|      |       | Rocket Mortgage   |            | \$ 1,°           | 100.00     |                |       |                   |                                 |
|      |       |   |            | -                |            |                |       |                   |                                 |
|      |       | 9b. Total average monthly paymer  | nt         | \$1,             | 100.00     | Copy<br>here=> | -\$   | 1,100.00          | Repeat this amount on line 33a. |
|      | 9c.   | Net mortgage or rent expense.   | L          |                  |            |                |       |                   |                                 |

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$\_\_\_\_\_\_\$\_\_\_\_0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

| or 1 | Dean      | A. Flansburg  |   |               |               | Case nu            | mber (if k | nown) <b>23-</b> | 30748  |             |
|------|-----------|---|---|---------------|---------------|--------------------|------------|------------------|--|-------------|
| 1.   | Local tra | ansportation expenses                               | : Check the number of vehic                                   | les for whic  | h you claim a | an own             | ership o   | or operating     | expense.   |             |
|      | □ 0. Go   | to line 14.   |   |               |               |                    |            |                  |  |             |
|      | □ 1. Go   | to line 12.   |   |               |               |                    |            |                  |  |             |
|      | ■ 2 or m  | nore. Go to line 12.                                |   |               |               |                    |            |                  |  |             |
|      |           |   | ing the IRS Local Standards perating Costs that apply for     |               |               |                    |            |                  |  | 480.        |
|      | You may   |   | pense: Using the IRS Local<br>if you do not make any loan o   |               |               |                    |            |                  |  |             |
| Veh  | nicle 1   | Describe Vehicle 1:                                 | 2011 Honda Pilot  |               |               |                    |            |                  |  |             |
| 3a.  | Ownersh   | nip or leasing costs using                          | g IRS Local Standard  |               |               | \$                 |            | 588.00           |  |             |
|      | •         | monthly payment for all                             | debts secured by Vehicle 1. rehicles.                         |               |               |                    |            |                  |  |             |
|      | are contr | <u> </u>  | y payment here and on line 1<br>cured creditor in the 60 mont | ,             |               | t                  |            |                  |  |             |
|      | Nan       | me of each creditor for                             | Vehicle 1   | Average i     | monthly       |                    |            |                  |  |             |
|      | Civ       | rista Bank  |   | \$            | 350.00        |                    |            |                  |  |             |
|      |           | cle 1 ownership or lease                            | •   | \$            | 350.00        | Copy<br>here       |            | 350              | Repeat thi amount on line 33b.  Copy net Vehicle 1 |             |
|      | Subtract  | line 13b from line 13a.                             | f this number is less than \$0                                | enter \$0     |               | \$                 |            | 238.00           | expense her  | e<br>\$238. |
|      | nicle 2   | Describe Vehicle 2:                                 |   |               |               |                    |            |                  |  |             |
| 3e.  |           | monthly payment for all                             | g IRS Local Standarddebts secured by Vehicle 2.               |               |               |                    |            | 0.00             |  |             |
|      | Nan       | ne of each creditor for                             | Vehicle 2   | Average i     | nonthly       |                    |            |                  |  |             |
|      | -NC       | ONE-  |   | \$            |               |                    |            |                  |  |             |
|      |           | Total a   | verage monthly payment  | \$            | 0.00          | Copy<br>here<br>=> | -\$        | 0.0              | Repeat this amount on line 33c.                    | e           |
|      |           | cle 2 ownership or lease<br>line 13e from line 13d. | e expense<br>f this number is less than \$0                   | , enter \$0.  |               | \$                 |            | 0.00             | Copy net<br>Vehicle 2<br>expense her<br>=>         | e<br>\$0.   |
| 4    | Public tr | ransportation expense                               | : If you claimed 0 vehicles                                   | in line 11, ເ |               |                    | al Stand   |                  | the \$   | 0.          |

Official Form 122C-2

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

|                | er Necessary Expenses  | In addition to the expense of the following IRS categories   |   | e, you are allowed your monthly expense  | s for             |          |
|----------------|--|--|---|--|-------------------|----------|
| 16.            | self-employment taxes, soo your pay for these taxes. H   | amount that you will actually p<br>cial security taxes, and Medic<br>lowever, if you expect to rece<br>rom the total monthly amount  | pay for federal, state a<br>care taxes. You may ir<br>eive a tax refund, you i  | nd local taxes, such as income taxes, nclude the monthly amount withheld from must divide the expected refund by 12 y for taxes.   | \$_               | 2,826.00 |
| 17.            | Involuntary deductions: contributions, union dues, a   | The total monthly payroll ded and uniform costs.   | uctions that your job r   | equires, such as retirement  |                   | 400.00   |
|                | Do not include amounts the   | at are not required by your job  | b, such as voluntary 4  | 01(k) contributions or payroll savings.  | \$_               | 120.00   |
| 18.            | filing together, include payr  | ments that you make for your<br>or life insurance on your depe   | r spouse's term life ins  | ife insurance. If two married people are urance. g spouse's life insurance, or for any form  | \$_               | 0.00     |
| 19.            | administrative agency, suc   | The total monthly amount the has spousal or child support nest due obligations for spo   | t payments.   | d by the order of a court or  You will list these obligations in line 35.  | \$                | 0.00     |
| 20.            | , ,  | thly amount that you pay for e   | •   | Ğ  | _                 |          |
|                |  | •  | t child if no public edu  | cation is available for similar services.  | \$                | 0.00     |
| 21.            | Childcare: The total month   |  | hildcare, such as baby  | /sitting, daycare, nursery, and preschool.   | \$                | 0.00     |
| 22.            | that is required for the heal by a health savings account  |  | r dependents and that<br>nat is more than the to  |  | \$                | 175.00   |
| 23.            | for you and your dependen<br>phone service, to the exter<br>income, if it is not reimburs  | nts, such as pagers, call waiting the necessary for your health a  | ng, caller identification   | t you pay for telecommunication services a, special long distance, or business cell your dependents or for the production of   |                   |          |
|                |  |  |   | ervice. Do not include self-employment mount you previously deducted.  | +\$_              | 0.00     |
| 24.            | expenses, such as those re   |  | orm 122C-1, or any ar   |  | <b>+</b> \$<br>\$ | 6,380.00 |
|                | expenses, such as those re   | eported on line 5 of Official Fo   | orm 122C-1, or any arense allowances.  Ideductions allowed by   | mount you previously deducted.  the Means Test.  |                   |          |
| Add            | Add all of the expenses a Add lines 6 through 23. litional Expense Deduction Health insurance, disabil   | allowed under the IRS expe  These are additional d  Note: Do not include a  ity insurance, and health sa   | ense allowances.  deductions allowed by any expense allowance allowance avings account expe   | mount you previously deducted.  the Means Test.  | \$                |          |
| Add            | Add all of the expenses a Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabil insurance, disability insurance   | allowed under the IRS expe  These are additional d  Note: Do not include a  ity insurance, and health sa   | ense allowances.  deductions allowed by any expense allowance allowance avings account expe   | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health  | \$                |          |
| Add            | Add all of the expenses a Add lines 6 through 23. litional Expense Deduction  Health insurance, disabilinsurance, disabilinsurance, disability insura your dependents.   | allowed under the IRS expe  These are additional d  Note: Do not include a  ity insurance, and health sa   | ense allowances.  deductions allowed by any expense allowance avings account experiments that are reasona   | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health  | \$                |          |
| Add            | Add all of the expenses at Add lines 6 through 23. litional Expense Deduction  Health insurance, disability insurations your dependents.  Health insurance   | allowed under the IRS expe  These are additional d  Note: Do not include a  ity insurance, and health sa  nce, and health savings according  | ense allowances.  deductions allowed by any expense allowance avings account experients that are reasona  \$ 600.00   | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health  | \$                |          |
| Add            | Add all of the expenses a Add lines 6 through 23.  Ilitional Expense Deduction  Health insurance, disabil insurance, disability insura your dependents.  Health insurance Disability insurance   | allowed under the IRS expe  These are additional d  Note: Do not include a  ity insurance, and health sa  nce, and health savings according  | ense allowances.  deductions allowed by any expense allowance avings account experients that are reasona  \$ 600.00   \$ 0.00   | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health  | \$                |          |
| Add            | Add all of the expenses a Add lines 6 through 23.  Itional Expense Deduction  Health insurance, disabil insurance, disability insura your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this   | allowed under the IRS expe  These are additional d  Note: Do not include a  ity insurance, and health sa nce, and health savings accord  | ense allowances.  deductions allowed by any expense allowance avings account experients that are reasona  \$ 600.00 \$ 0.00  F \$ 0.00  | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health bly necessary for yourself, your spouse, o   | \$                | 6,380.00 |
| Add            | Add all of the expenses a Add lines 6 through 23.  Itional Expense Deduction  Health insurance, disabil insurance, disability insura your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this   | allowed under the IRS expe  These are additional d Note: Do not include a  ity insurance, and health sa nce, and health savings according to the same additional d total amount?   | ense allowances.  deductions allowed by any expense allowance avings account experients that are reasona  \$ 600.00 \$ 0.00  F \$ 0.00  | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health bly necessary for yourself, your spouse, o   | \$                | 6,380.00 |
| <b>Add</b> 25. | Add all of the expenses a Add lines 6 through 23.  Ilitional Expense Deduction  Health insurance, disabili insurance, disability insura your dependents.  Health insurance Disability insurance Disability insurance Health savings account  Total  Do you actually spend this  No. How much do you have a continuing contributions continuing contributions continue to pay for the reasyour household or member  | allowed under the IRS expe  INS These are additional of Note: Do not include a sity insurance, and health sance, and health savings according to total amount?  You actually spend?  | ense allowances.  deductions allowed by any expense allowance avings account experients that are reasona  \$ 600.00 \$ 0.00 \$ 0.00 \$ 600.00 \$ avings account experients are reasona avings account experients account experients that are reasona avings account experients account experient experients account experients account experients account experient experients account experient experients account experient experients account experient experient experients account experient | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health bly necessary for yourself, your spouse, of the actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses. These expenses may | \$s               | 6,380.00 |
| 25.<br>26.     | Add all of the expenses and all of the expenses and all of the expenses and all ines 6 through 23.  Intional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this    No. How much do you yes  Continuing contributions continue to pay for the reasy your household or member include contributions to an Protection against family | allowed under the IRS expense These are additional of Note: Do not include a sity insurance, and health sance, and health savings according to total amount?  You actually spend?  It to the care of household of sonable and necessary care are of your immediate family what account of a qualified ABLE of violence. The reasonably not sallowed. | ense allowances.  deductions allowed by any expense allowance avings account experients that are reasona  \$ 600.00  \$ 0.00  \$ 0.00  \$ 600.00  \$ avings account experients that are reasona avings account experients that are reasona avings accounts that are reasona avings account experients avings avings account experients avings account experients avings account experients avings account experients avings avi | the Means Test. es listed in lines 6-24. enses. The monthly expenses for health bly necessary for yourself, your spouse, of the actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses. These expenses may | \$s               | 6,380.00 |

Official Form 122C-2

| Debtor 1     | Dean A. Flansburg  |   | Case number (if ki | nown)   | 23-                         | 30748   |     |                  |          |
|--------------|--|---|--------------------|---------|-----------------------------|---------|-----|------------------|----------|
|              | Additional home energy costs. Your hom line 8.   | e energy costs are included in your insura  | ance and opera     | ating e | expens                      | es on   |     |                  |          |
|              | If you believe that you have home energy c 8, then fill in the excess amount of home er                                      |   | costs included     | in ex   | penses                      | on line | Э   |                  |          |
|              | You must give your case trustee documents amount claimed is reasonable and necessary   |   | ust show that th   | ne ad   | ditiona                     |         | Ş   | \$               | 0.00     |
|              | Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.   |   |                    |         |                             |         |     |                  |          |
|              | You must give your case trustee documental claimed is reasonable and necessary and r   |   | ust explain why    | the a   | amoun                       | İ       |     |                  |          |
|              | * Subject to adjustment on 4/01/25, and even   | ery 3 years after that for cases begun on o | or after the date  | e of a  | djustm                      | ent.    | 5   | \$               | 0.00     |
|              | Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance | allowances in the IRS National Standard     |                    |         |                             |         |     |                  |          |
|              | To find a chart showing the maximum addit instructions for this form. This chart may als                                     |   |                    | sepai   | ate                         |         |     |                  |          |
|              | You must show that the additional amount of  | claimed is reasonable and necessary.        |                    |         |                             |         | 5   | <b>.</b>         | 0.00     |
|              | Continuing charitable contributions. The instruments to a religious or charitable orga                                       |   | te in the form o   | of cas  | h or fin                    | ancial  |     |                  |          |
|              | Do not include any amount more than 15%  | of your gross monthly income.               |                    |         |                             |         | (   | <b></b>          | 0.00     |
|              | Add all of the additional expense deduct<br>Add lines 25 through 31.   | ions.                                       |                    |         |                             |         | \$  |                  | 600.00   |
| Dedu         | uctions for Debt Payment   |   |                    |         |                             |         |     |                  |          |
| 33. <b>F</b> | or debts that are secured by an interest   | in property that you own, including hor     | ne mortgages       | s, veh  | icle                        |         |     |                  |          |
|              | pans, and other secured debt, fill in lines  | •   |                    |         |                             |         |     |                  |          |
|              | o calculate the total average monthly paym<br>reditor in the 60 months after you file for ba                                 |   | due to each s      | ecure   | ed                          |         |     |                  |          |
|              | Mortgages on your home   | ,   |                    |         |                             |         |     | erage ı<br>yment | monthly  |
| 33a.         | Copy line 9b here  |   |                    |         |                             | =>      | \$  | 1                | ,100.00  |
|              | Loans on your first two vehicles   |   |                    |         |                             |         |     |                  |          |
| 33b.         | Copy line 13b here   |   |                    |         |                             | =>      | \$_ |                  | 350.00   |
| 33c.         |  |   |                    |         |                             | =>      | \$_ |                  | 0.00     |
| 33d.         | List other secured debts:  |   |                    |         |                             |         |     |                  |          |
| Nam          | e of each creditor for other secured debt  | Identify property that secures the debt     |                    | inclu   | s payr<br>ude tax<br>isuran | es      |     |                  |          |
|              |  |   |                    |         | No                          |         |     |                  |          |
|              | -NONE-   |   |                    |         | Yes                         |         | \$  |                  |          |
|              |  |   |                    |         |                             |         | Ψ _ |                  |          |
|              |  |   |                    |         | No                          |         |     |                  |          |
|              |  |   |                    |         | Yes                         |         | \$_ |                  |          |
|              |  |   |                    |         | No                          |         |     |                  |          |
|              |  |   |                    |         | Yes                         | +       | \$  |                  |          |
|              |  |   |                    |         | -                           | ٦       | Ī   |                  |          |
|              |  | 33a through 33d                             |                    | 1,45    |                             | Copy    | ,   |                  | 1,450.00 |

| <ol> <li>Are any debts that you listed in lift<br/>or other property necessary for you</li> </ol>  |  |  |                           |                   |                         |                 |          |
|--|--|--|---------------------------|-------------------|-------------------------|-----------------|----------|
| ■ No. Go to line 35.   |  |  |                           |                   |                         |                 |          |
| ☐ Yes. State any amount that you listed in line 33, to keep p Next, divide by 60 and fill  | ossession of your property   |  |                           |                   |                         |                 |          |
| Name of the creditor   | Identify property that so  | ecures the debt                                |                           | Total cure amount |                         | onthly<br>mount | cure     |
| -NONE-   |  |  | \$                        |                   | ÷ 60 = \$               |                 |          |
|  |  |  | Total                     | \$                | Copy<br>total<br>here=> | <b>.</b> \$     | 0.0      |
| 35. Do you owe any priority claims - are past due as of the filing date of   |  |  |                           | at                |                         |                 |          |
| ■ No. Go to line 36.   |  |  |                           |                   |                         |                 |          |
|  | uch as those you listed in   | line 19.                                       |                           |                   |                         |                 |          |
| Total amount of all past-  | due priority claims  |  |                           | 0.00              | • 60                    | \$              | 0.0      |
| 6. Projected monthly Chapter 13 pla  | in payment   |  | 9                         | \$                | _                       |                 |          |
| Current multiplier for your district as Office of the United States Courts (f the Executive Office for United State To find a list of district multipliers that inc separate instructions for this form. This li | for districts in Alabama and<br>es Trustees (for all other d<br>ludes your district, go online u | d North Carolinistricts).  Ising the link spec | a) or by<br>cified in the | ζ                 |                         |                 |          |
| Average monthly administrative exp   | ense   |  |                           | \$                | Copy tota<br>here=>     |                 |          |
| 37. Add all of the deductions for del  | bt payment. Add lines 33e  | e through 36.                                  |                           |                   |                         | \$              | 1,450.00 |
| Total Deductions from Income   |  |  |                           |                   |                         |                 |          |
|  |  |  |                           |                   |                         |                 |          |
|  | i.   |  |                           |                   |                         |                 |          |
| 88. Add all of the allowed deductions  Copy line 24, All of the expenses a   | allowed under IRS  | \$   | 6,380.00                  | -                 |                         |                 |          |
| 88. Add all of the allowed deductions  | allowed under IRS  | ' ——   | 6,380.00<br>600.00        | -                 |                         |                 |          |
| 88. Add all of the allowed deductions Copy line 24, All of the expenses a expense allowances   | allowed under IRS expense deductions   | \$   | · · ·                     | -<br>-<br>-       |                         |                 |          |

☐ 122C-1  $\square$  Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

| Debtor 1 | Dean A. Flansburg | Case number ( <i>if known</i> ) 23-30748 |
|----------|-------------------|--|
| Deptor 1 | Dean A. Flansburg | Case number (If known) 23-30746          |

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Dean A. Flansburg
Dean A. Flansburg
Signature of Debtor 1

Date May 12, 2023 MM / DD / YYYY

Official Form 122C-2

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:   |            | Liquidation        |
|--------------|------------|--------------------|
| \$24         | 45         | filing fee         |
| \$7          | <b>7</b> 8 | administrative fee |
| <u>+</u> \$1 | 5          | trustee surcharge  |
| \$33         | 38         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court Northern District of Ohio

| In re       | Dean A. Flansburg  |  | Case No.                                 | 23-30748  |
|-------------|--|--|--|---|
|             |  | Debtor(s)                              | Chapter                                  | 13  |
|             | DISCLOSURE OF COMPENS  | SATION OF ATTOR                        | NEY FOR DE                               | BTOR(S)   |
| (           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of   | of the petition in bankruptcy, of      | or agreed to be paid                     | to me, for services rendered or to                  |
|             | For legal services, I have agreed to accept  |  | \$                                       | 1,500.00  |
|             | Prior to the filing of this statement I have received  |  |  | 1,500.00  |
|             | Balance Due  |  | \$                                       | 0.00  |
| 2.          | The source of the compensation paid to me was:   |  |  |   |
|             | ■ Debtor □ Other (specify):  |  |  |   |
| 3.          | The source of compensation to be paid to me is:  |  |  |   |
|             | ■ Debtor □ Other (specify):  |  |  |   |
| 4.          | ■ I have not agreed to share the above-disclosed compen  | nsation with any other person u        | nless they are memb                      | pers and associates of my law firm.                 |
|             | ☐ I have agreed to share the above-disclosed compensati copy of the agreement, together with a list of the name  | es of the people sharing in the c      | compensation is attac                    | ched.   |
| 5.          | In return for the above-disclosed fee, I have agreed to rend   | der legal service for all aspects      | of the bankruptcy ca                     | ase, including:                                     |
| l           | <ul> <li>Analysis of the debtor's financial situation, and rendering</li> <li>Preparation and filing of any petition, schedules, staten</li> <li>Representation of the debtor at the meeting of creditors</li> <li>[Other provisions as needed]</li> </ul> | nent of affairs and plan which r       | nay be required;                         |   |
| •           | Negotiations with secured creditors to rec<br>reaffirmation agreements and applications<br>522(f)(2)(A) for avoidance of liens on hous   | s as needed; preparation a             | mption planning;<br>and filing of motion | preparation and filing of<br>ons pursuant to 11 USC |
| <b>5.</b> ] | By agreement with the debtor(s), the above-disclosed fee dependence on the debtors in any disclosure any other adversary proceeding.   |  |  | es, relief from stay actions or                     |
|             |  | CERTIFICATION                          |  |   |
|             | certify that the foregoing is a complete statement of any anarchyptcy proceeding.  | agreement or arrangement for p         | payment to me for re                     | epresentation of the debtor(s) in                   |
| M           | ay 12, 2023  | /s/ Stephen T. Prie                    | stap                                     |   |
|             | ate  | Stephen T. Priesta                     | р 0060098                                |   |
|             |  | Signature of Attorney Lydy & Moan Ltd. |  |   |
|             |  | 4930 Holland Sylva                     |  |   |
|             |  | Sylvania, OH 4356                      |  |   |
|             |  | 419-243-2042 Fax stevepriestap@gm      |  |   |
|             |  | Name of law firm                       |  |   |
|             |  |  |  |   |